



★ ZENGERLE ★
Medical Clinic

INFORMED CONSENT FORM FOR PROCEDURES

Patient name: _____

Date: _____

I authorize Claire Zengerle DO to perform the following operation and/or procedure:

This procedure may also be done by or under the direction of Claire Zengerle, DO, together with associates or assistance of her choice who may be employed by Zengerle Medical Clinic.

Dr. Zengerle has discussed with me and I understand the following items:

1. The nature and purpose of the proposed procedure.
2. The risks and benefits of the proposed procedure.
3. The possible or likely consequences of the proposed procedure.
4. All feasible or alternative treatments including the risks, consequences, and probable effectiveness.

Benefits and possible risks include the following: _____

I consent to the performance of the operation and/or procedure in addition to or those different from those now contemplated, arising from unforeseen conditions, which the above named provider or her associates or assistance may consider necessary or advisable an emergency or life-threatening situations.

I acknowledge that no guarantee or assurance has been given by anyone as to the results that may be obtained.

I have read and fully understand this entire form. I have asked to provide any questions I may have had in the provider has answered any questions I asked to my satisfaction.

Signature (Patient/Relative or Guardian)

Print Name

Relationship to patient

Witness signature

Print Name