

Policy/Procedure Title	Patient Rights – Minor Procedure Consent Form		Policy #	606.01
Manual Locations	Fort Payne Pediatrics	Effective	05/01/2018	Page 1 of 1
Policy Section	Tab 6: Patient Services and Instruction			

CONSENT TO MINOR PROCEDURE

I (Patient/Guardian), _____, consent to the medical/surgical procedures outlined below to be performed by _____ and his/her staff, associates, or assistants to whom the provider(s) performing the procedure may assign designated responsibilities. In the event one or more of the providers is unable to perform or complete the procedure, a qualified substitute provider will perform or complete the procedure.

The proposed medical procedure is _____ for the diagnosis/treatment of _____. The procedure has been explained to me in terms that I understand. The explanation included:

- The nature and extent of the procedure to be performed.
- The most frequently occurring risks of the procedure involved, and those risks which are unlikely to occur, but which may involve serious consequences, include but are not necessarily limited to the following: _____

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- General risks which may include pain, scarring, bleeding and infection.
 - The benefits of the procedure.
 - The estimated period of incapacity or convalescence, if any.
 - The risks and benefits of any reasonable alternatives to this procedure including having no treatment at all.

I was given the opportunity to ask any questions I have regarding the procedure and I have had those questions answered to my satisfaction. I understand that I may consult or could have consulted with another provider about this procedure. I understand that I have the right to refuse any medical treatment recommended at any time prior to its performance. I authorize my provider to perform such additional procedures which in his/her judgment are incidentally necessary or appropriate to carry out my diagnosis/treatment. I am aware that the practice of medicine is not an exact science, and I acknowledge that no guarantees have been made to me concerning the results of this procedure.

Furthermore, I certify that all my questions and concerns regarding the procedure, its attendant risks, benefits, and alternatives have been explained to my satisfaction. I hereby authorize my physician to perform the above discussed procedure.

Patient Name (Please Print)

Date

Patient/Guardian Signature

Witness Signature