UNIVERSITY HOSPITAL

Patient Acknowledgement of Informed Consent

Section 1:

Patient’s Name: ______________________________________

Physician’s Name: _____________________________________

Procedure(s): __________________________________________

Section 11:

I acknowledge that I have had explained to me;

1. Nature and benefits of the proposed procedure.
2. Consequences of not performing procedure.
4. Possible significant complications of proposed procedure.

I realize that medicine is not an exact science and that all possible outcomes and/or complications cannot be anticipated and that no implied or expressed promises or guarantees have been made.

I have had the opportunity to ask questions and I have no further questions of my attending physician.

Patient signature: __________________________ Date

Parent or Guardian Signature (if minor): __________________________ Date