

**Patient Name:** \_\_\_\_\_

**CONSENT FOR SURGERY / PROCEDURE or TREATMENT**

1. I hereby authorize Dr. Shervin Naderi and such assistants as may be selected to perform the following procedure(s) or treatment(s):  
\_\_\_\_\_
2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involves risk and the possibility of complications, injury, and sometimes death.
4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
5. I understand risks include but are not limited to Bleeding, Infection, Scarring, Distortion &/or Asymmetry, Pain, Numbness, Allergic reactions, need for further procedures or surgeries, dissatisfaction with results, mental distress, etc
6. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
7. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration if applicable.
8. I agree to discuss any and all of my concerns with The Naderi Center and not discuss my experience on the internet.
9. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
  - a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
  - b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
  - c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

**SIGN A OR B**

A. I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-9). I HAVE BEEN ASKED IF I WANT A MORE DETAILED EXPLANATION, BUT I AM SATISFIED WITH THE EXPLANATION, AND DO NOT WANT MORE INFORMATION.

\_\_\_\_\_  
Patient **or** Person Authorized to Sign for Patient (PRINT NAME & SIGN)

Date \_\_\_\_\_ Witness \_\_\_\_\_

B. I CONSENT TO THE TREATMENT OR PROCEDURE AND ABOVE LISTED ITEMS (1-9). I REQUESTED AND RECEIVED, IN SUBSTANTIAL DETAIL, FURTHER EXPLANATION OF THE PROCEDURE OR TREATMENT, OTHER ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT AND INFORMATION ABOUT THE MATERIAL RISKS OF THE PROCEDURE OR TREATMENT.

\_\_\_\_\_  
Patient **or** Person Authorized to Sign for Patient (PRINT NAME & SIGN)

Date \_\_\_\_\_ Witness \_\_\_\_\_

**Patient Initials:** \_\_\_\_\_