

PATIENT CONSENT

I have been informed about the nature of my surgery, the procedure(s) to be utilized, the risks and benefits of my surgery, alternative treatments, and the necessity for follow-up and self-care. I have had an opportunity to ask any questions I may have in connection with the treatment and to discuss my concerns with Dr. Fagan and his staff. I hereby consent to the performance of my surgery as presented to me during consultation. I also consent to the performance of such additional or alternative procedures as may be deemed necessary in Dr. Fagan's best judgment.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT.

Date

[Printed Name of Patient, Parent, or Guardian]

[Signature of Patient, Parent, or Guardian]

Date

[Printed Name of Witness]

[Signature of Witness]