



CONSENT TO SPECIAL PROCEDURES

I _____ consent to the following procedures:

to be performed by Dr. _____.

The nature and effect of this procedure, including significant risk and other procedures available, have been explained to me. I am satisfied with these explanations and I have understood them and any questions I have asked have been answered.

I also consent to any additional or different procedures, which is the opinion of Dr. _____ are necessary because of factors which arise during the course of the procedure.

I further agree that Dr. _____ may be assisted by other office staff and/or physicians in training, and may permit them to perform all or part of the procedure.

Dated this ____ day of _____.

Patient Signature: _____

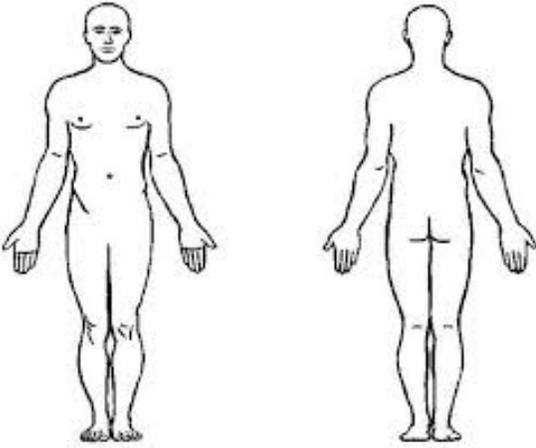
Witness: _____

PROCEDURE NOTE

Diagnosis: _____

Procedure: _____

Allergies: _____

<p><u>Anesthesia:</u></p> <ul style="list-style-type: none">• Xylo 1% + epi• Marcaine• Other:	
<p><u>Suture:</u></p> <ul style="list-style-type: none">• Plain• Vicryl Rapide• Vicryl• Monocryl• Prolene• Fast Absorb Plain• Other:	
<p>Signature: _____</p>	<p>Date: _____</p>