

DISCLOSURE AND CONSENT FOR CARE

To the patient: You have the right to be informed about your condition and the recommended procedure to be performed, so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you in any way. It is simply an effort to make you better informed so that you may withhold your consent to the procedure. You have the right to refuse any proposed operation or procedure any point before its performance.

- I voluntarily request **Dr. Bainbridge or Trainor**, as my physician, and such associates, technical assistants and other healthcare providers as deemed necessary, to treat my condition(s)
- I understand that the following procedure are planned for me and I voluntarily consent and authorize the following procedure(s):

Risks: Just as there may be risks and hazards in continuing my present condition(s) without treatment, there are also risks and hazards related to the performance of the procedure. I also realize and fully understand that the following risks and hazards may occur in connection with this procedure.

- **All procedures can increase the amount of pain I perceive**
- **Other risks include, but are not limited to:**

Infection	Blood clots	Lung hemorrhage	Injury to major blood vessels
Nerve damage	Seizures	Pneumothorax	Injury to major organs
Persistent headache	Impotence	Discitis	Impaired muscle function
Allergic reaction	Incontinence	Bleeding/Hematoma	Leakage of spinal fluid

Visitors/Photography:

- Visiting physicians, medical sales representatives, or other observers may be present during the procedure for observation only.
- Videotaping and Photography may be done as part of this procedure. I understand that these images may be distributed by means of the internet for the purposes of physician communication and/or medical education.

Anesthesia:

- You may choose to have sedation for this procedure. If so, it will be administered by trained providers. All sedation medications have risks as well. These risks include: respiratory depression, hypotension, irregular heartbeat, and allergic reactions. More serious risks include: respiratory distress, heart attack, stroke and even death. These risks are extremely rare, but may occur.

Gaurantees:

- **NO guarantees of assurance have been given to me as to the anticipated results/outcome of treatment.**
- I have been given the opportunity to ask questions about my condition, alternative forms of treatment, risks of non-treatment, the procedure(s) to be used, and the risks and hazards involved. I believe that I have sufficient information to freely give this informed consent.

Patient or Guardian Signature	Date	Witness Signature	Date
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Physician / Anesthetist Statement: The patient or guardian and I have discussed the above procedure(s), including the risks, complication, and alternatives. To the best of my knowledge, the patient or guardian understands the procedure and freely consents to it.

Anesthesia Provider Signature	Date	Physician Signature	Date
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