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PATIENT CONSENT FOR PROCEDURE

Patient Name: _____

Date: _____

Procedure: _____

Doctor: _____

Have you ever had this procedure previously? YES NO

I hereby acknowledge that this procedure has been explained to me including possible side effects and risks associated with the procedure, which may include:

- _____
- _____
- _____
- _____
- _____
- _____

I understand the risks involved and give my consent to having this procedure performed on myself.

Patient name: _____

Signed: _____

Date: _____

Witness name: _____

Signed: _____

Date: _____