

Informed Consent

Patient Name: _____

Date of Birth: _____

I acknowledge that I have been advised by _____ (provider name)
that I undergo the following procedure(s) in the office:

I understand that this procedure will be done by the above provider and that the risks of this procedure (including the risk of anesthesia), as well as the alternatives and the risks associated with each alternative, have been explained to me. I acknowledge these risks, and give my consent to the procedure described above.

Patient Signature: _____ Date: _____

Provider Signature: _____

Witness Signature: _____