

DISCLOSURE AND CONSENT

Medical and Surgical Consent

You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is an effort to make you better informed so that you may give or withhold your consent to this procedure. Please read and sign below to indicate you understand and agree.

I voluntarily request Dr. Fred Hackney as my physician, and such associates, technical assistants, and other health care providers as he may deem necessary, to treat my condition. Such treatment may consist of consultations with the physician, laboratory or radiology testing, surgery, or other forms of treatment as necessary.

I understand that no warranty or guarantee can be made as to result or cure. Just as there may be risks and hazards in continuing my present condition without treatment, there are risks and hazards related to the performance of any surgical, medical, or diagnostic procedures. I believe that I have been given sufficient information to give this informed consent for treatment by Dr. Hackney.

I certify this form has been fully explained to me, that I have read it or have it read to me, and that I understand its contents.

Patient Signature: _____

Date: _____

Witness: _____