



CONSENT FORM FOR MINOR SURGICAL PROCEDURE

(THE CONSENT FORM IS TO BE SIGNED BY THE PATIENT)

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, hereby consent to undergo the

treatment/procedure of

ordered by

(Name of Referring Physician)

The medical staff has explained to me the nature of the treatment/procedure, the material risks of the treatment/procedure and the alternative courses of action, including the likely consequences of not having the treatment/procedure.

I am satisfied with these explanations and I have understood them. I have received responses to my requests for additional information.

I also consent to such additional or alternative treatment/procedure as may be immediately necessary or medically advisable during the course of such procedures. In addition, I consent to the administration of such anesthetics as are necessary.

Name of Patient

Witness

Date

Signature of Patient

I CONFIRM THAT I HAVE EXPLAINED THE PROCEDURE, ITS COMPLICATIONS AND ANSWERED ALL QUESTIONS.

Physician's Signature

2227 South Millway, Suite 303 Mississauga, ON, L5L 3R6 Tel:905.569.7007 Fax: 905.569.7056 Email: advanceendoscopy@gmail.com 688 Coxwell Avenue, Suite 206, Toronto, ON, M4C 3B7 Tel:416.463.7007 Fax: 416.463.7008 Email: advendo.toronto@gmail.com 222 King Street East, Suite 3100, Bowmanville, ON, L1C 1P6 Tel:905.419.7007 Fax: 905.419.7008 Email: advendo.bowmanville@gmail.com