

I request and consent to a surgical procedure called _____			
and I understand that the purpose of this procedure is <u>to reduce pain, improve function</u>			
(Practitioner must describe procedure in non-medical terms)			
This procedure will be performed by _____			
I have been advised that this procedure may have potential benefits, risks, or side effects associated with it, including, but not limited to <u>bleeding, possibly requiring transfusions, infection, scar, poor healing, swelling, neurovascular injury, recurrence, anesthetic complications, deep vein thrombosis, embolus, reflex sympathetic dystrophy, hardware failure, failure to resolve symptoms, need for future surgeries, death,</u>			
including potential problems that might occur during recuperation. I have been advised of the alternatives, the risks, benefits and side effects related to the alternatives.			
<ul style="list-style-type: none"> • I <u>consent</u> to the administration of anesthesia and related drugs, as deemed necessary by the staff members from _____, UFPC. • I <u>understand that</u> unforeseen complications or conditions may arise during this procedure and I consent to any additional procedures that the physician(s) may deem advisable in their professional judgment. • I <u>understand that</u> portions of the operation may be photographed or videotaped. I consent to this as long as my identity is not revealed. I understand that these photographs may be used for teaching. I also understand that residents, medical, nursing and allied health students/trainees may be present during the procedure and they may observe or assist in my care, under the direction of my surgeon and other hospital staff members. • I <u>understand that</u> in the event one or more of my health care providers sustains a needle stick/sharp injury or exposure to my blood/bodily fluids that blood may be drawn and may be tested for hepatitis and the result of that hepatitis testing disclosed to the health care providers who sustained the exposure. • I <u>also understand</u> that a sales/clinical representative may be present during the procedure, but may not participate in the procedure. • I <u>impose</u> no specific limitations or restrictions on my treatment other than: 			
None			
(Patient must specify restriction or write "None")			
I understand that the practice of medicine is not an exact science and I acknowledge that I have received no guarantees about the benefits or results of this treatment. I have read this entire document and understand it. I have been given the opportunity to ask questions and my questions have been answered to my satisfaction. All blank spaces are completed or lined out, prior to my signing this document.			
Signature of Patient, Parent, Guardian, Health Care Agent or other representative of patient		Relationship (If other than Patient)	Date Time
Signature of Witness (Age 18 or older, other than Practitioner performing procedure)		Title or Relationship to Patient	Date Time
<input type="checkbox"/> An interpreter or special assistance was used to obtain consent from this patient. _____ <div style="text-align: right;">(Name of Interpreter)</div>		I verify that I have explained the procedure, relevant risks, benefits and alternatives, benefits and side effects related to alternatives, including the possible results of not receiving care, treatment and services.	
Signature/ID # of Practitioner		Date	Time

Fig. E-1
The standardized consent form used in the study.