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This form is designed to comply with the requirements of Texas medical Disclosure

DISCLOSURE AND CONSENT, MEDICAL AND SURGICAL PROCEDURES.

TO THE PATIENT You have the right as a patient, to be informed about your condition and recommended surgical, medical or diagnostic procedure to be used so that you may make the decision whether or not undergo the procedure after knowing the risk and hazard involved. This disclosure is not meant to scare or alarm you. it's an effort to make better inform so you may give or withhold your consent to the procedure.

(I, We) voluntary request Dr. Co
Is my physician, and such associates, technical assistants and other health care providers, as they deem necessary to treat my condition, which has been explained to me as:

(we) understand that the following surgical, medical and /or diagnostic procedures are planned for me and I (we)voluntary consent and authorize these procedures.

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we) understand that my physician may discover other or different conditions which it required additional or different procedures than those planned. I (we) authorized my physician and such associates. Technical assistant and other health care providers to perform such other procedures, which are advisable in their professional judgment.

(we) DO / DO NOT consent to use of blood and blood products as deemed necessary.
(we) understand that no warranty or guarantee has been made to me as to result or cure.

Just as there may be risks and hazards in continuing my present condition without treatment, there are also risks and hazards related to the performance of the surgical, medical and/or diagnostic procedure planned for me. I (we) realize the common to surgical, medical and/or diagnostic procedure is the potential for infections. Blood clot in eyes, lung hemorrhage, allergic reaction, and even death. I (we) also realize that the following risks and hazards may occur in connection with the particular procedure.

INFECTION, BLEEDING, NEED FURTHER SURGERY, LOSS OF VISION, LOSS OF EYE.

(WE) understand that anesthesia involves additional risks an hazards but I (we) request to use of anesthesia for the relief and protection from pain during the planned and additional procedures, I (we) realize the anesthesia may have be changed possibly possibly without explanation to me (us).
(we) understand the certain complication may results from the use of any anesthetic including respiratory problems, drugs reaction, paralysis, brain damage or even death. Others risks an hazards, which may result from the use of general anesthetics range from minor discomfort to injury to vocal cords. Teeth or eyes. I (we) understand that (we) have been given the opportunity to ask question about my condition, alternative forms of anesthesia and (we) have sufficient information to give this informed consent. (we) certify this form has been fully explained to me. That I (we) have read it or have it read to me. That the blank spaces have been filled in and that I (we) understand its contest.

Patient signature: **date:** **Tine**

Witness name: **date:** **Time**