

**REQUEST FOR OPERATION/TREATMENT AND/OR ADMINISTRATION OF ANESTHETICS**

PATIENT NAME: \_\_\_\_\_

CASE NO. \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_

1. I hereby request, authorize, and direct \_\_\_\_\_ M.D.  
to perform the following operation(s) or surgical procedure(s):

\_\_\_\_\_  
\_\_\_\_\_

And to do any other operation(s) or surgical procedure(s) during the specified operation that their judgement may dictate for the well-being of the patient. I understand that the surgeon and their associates will be occupied solely with the performance of the operation(s) or surgical procedure(s)

2. I hereby request, authorize, and direct the above named surgeon and their associates to procure such additional services for the patient as they deem necessary. This includes, but is not limited to, the administration of anesthesia.

**3. I hereby request, authorize, and direct the above named surgeon and their associates to procure services including pathology and radiology if they deem them necessary.**  
I understand that severed tissues and members will be disposed of at the discretion of the above named surgeon or his associates.

4. The nature and purpose of the operation, possible alternative methods of treatment, the risks involved, scars, and the possibility of complications have been fully explained to me by

Dr. \_\_\_\_\_  
*and no warranty or guarantee has been made as to the results or cure.*

5. I hereby authorize the photography of pertinent anatomical areas for medical records and medical illustrations.

6. I have read the above request, and I understand fully the contents of each paragraph. \_\_\_\_\_  
(initial)

Use this space for notations  
Such as Emergencies, etc.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

(If patient is a minor or is unable to sign, the following must be completed)

patient is a minor

patient is unable to sign because

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Father

\_\_\_\_\_  
Guardian

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Other Person and Relationship