

SURGICAL PERMIT

I, _____ consent to give Dr. Seivert the okay to perform surgery on my _____. I understand there are risks of the surgery that Dr. Seivert has explained to me. The risks of the surgery are infection and the worst being death from anesthesia. In between there, there are risks of injury to the skin, fat, fascia, muscle, nerve, vessel, or cartilage. Those risks do exist; however, we take precautions to have nothing happen. We use antibiotics and sterile technique to reduce the risk of infection. Post operative antibiotics, anti-inflammatory medication, and pain medication are used. Risks of DVT are noted and are combated with use of stockings (if indicated) and aspirin (if indicated). That would pertain to a lower extremity surgery.

The risks of surgery have been explained to me. Also, surgery is not a guarantee that the area operated on will not have pain down the road as surgery is not a guarantee that there will never be pain or problems with that area operated on in the future. Surgery is aimed at giving the best possible results that we can; given the pathology that presents at the time of surgery. There will be post operative instructions given and those will be followed closely. The patient will be followed post operatively in the office.

I understand the above risks, complications, and expected outcomes of surgery and consent to letting Dr. Seivert perform this surgery.

Date: _____ Signature: _____