Authorization & Informed Consent - Surgery Center

Samuel M. Lam, M.D., F.A.C.S.

6101 Chapel Hill Blvd, #101, Plano, Texas 75093

Patient's Name: _____ Date of Birth: _____

I request and authorize Samuel M. Lam, M.D., and F.A.C.S., (the surgeon) to perform an operation upon me or my _____ described as _____

_____

for the treatment of _____.

The nature and effects of the operation, the risks, ramifications and complications involved, as well as the alternative methods of treatment, have been fully explained to me. I authorize the surgeon to perform any other procedure that he may deem necessary in attempting to improve the condition stated above or any other unhealthy or unforeseen condition that may be encountered during the surgery.

I consent to the administration of anesthetics by the surgeon or by the anesthesiologist responsible for the service on the day of my procedure. If procedural sedation is indicated for my procedure, I consent to the administration of sedation by a trained registered nurse under the supervision of the surgeon.

I understand that the two sides of the human body are not the same and can never be made to be. If during the consult, the surgeon used computerized imaging, this was used only in an attempt to determine if my expectations were realistic. I understand that these images are just ideal goals and because of the unpredictability of wound healing and biology, the desired goal is in no way a promised outcome of surgery. I give permission to Dr. Lam (or a staff member) to take clinical photographs with the understanding that they remain the property of the doctor.

I have been completely advised regarding the objectives of the operation. I understand the practice of medicine/surgery is not an exact science and no reputable surgeon can guarantee results. I certify that no guarantees have been made by anyone regarding the operation(s) I have requested and authorized. I understand that in the unlikely event an imperfection results, the doctor and I will discuss and determine the necessity of a secondary procedure. I understand that I may be responsible for any fee for revision surgery that is made out to the facility or to the anesthesia provider.

I **(do) (do not)** authorize the surgeon to take and utilize photographs/videos to use for medical research, education, or publication in medical books or presentation material, whereas I would not be identified by name.

_____ **Initials**

6101 Chapel Hill Blvd., Ste.101Plano, Texas 75093 **Phone**: 972-312-8188

I **(do) (do not)** authorize the surgeon to take and utilize photographs/videos to use for marketing purposes.

_____ **Initials**

I **(do) (do not)** give permission for a medical observer to be in the operating room during my procedure. Any visitor is strictly a "hands-off" observer there for learning purposes only.

_____ **Initials**

I **(do) (do not)** have any physical limitations that require special accommodations made for me on the day of surgery.

_____ **Initials**

If so, what are they?

_____

I **(do) (do not)** consent to the use of any blood or blood products to save my life in the event of an emergency during the course of my surgical treatment.

_____ **Initials**

I am aware of my Patient's Rights and Responsibilities and understand the importance of my participation / communication in my healthcare plan. Should I have discomfort, concerns, or fear, I need to voice them to a member of the staff so that my doctor or nurse can help address them.

_____ **Initials**

I have fully disclosed all information to Dr. Lam and his nursing staff, so that an appropriate plan of care can be made for my date of surgery. I understand that if any of the instructions I have been given are not followed, the surgery may need to be postponed or cancelled. I agree to read over all of my pre- and post-op instructions and follow them to the best of my ability. Should I have any questions or concerns, I promise to call Dr. Lam as soon as possible.

_____ **Initials**

I certify that I have read the document as detailed above and have discussed any questions with the surgeon or a member of his staff until I have a full understanding of each line item.

Patient: _____ Date: _____

Witness: _____ Date: _____

Physician: _____ Date: _____