



procedures in accordance with hospital guidelines and the law. I have received no assurance that the procedure will be performed, in whole or in part, by a specific physician.

Signature \_\_\_\_\_ time \_\_\_\_\_ date \_\_\_\_\_

Signature of legal guardian \_\_\_\_\_

Name of legal guardian \_\_\_\_\_  
(in case of minor, incapacitated or mentally incompetent)

I attest that I verbally explained in detailed fashion to the patient/legal guardian of the patient all that is written above and he/she signed the consent form in my presence after I was satisfied that he/she understood my explanation in full.

Name of physician \_\_\_\_\_

Signature of physician \_\_\_\_\_

Medical license # \_\_\_\_\_