



CARLSBAD SURGERY CENTER CONSENT TO OPERATION, ANESTHETICS, AND OTHER MEDICAL SERVICES:

1. I authorize the performance of the above mentioned operation or procedure to be performed on me or under the direction of the above mentioned Dr and/or his/her associates or assistants.
2. I consent to the performance of operations and procedures in addition to or different from those described above, whether or not arising from unforeseen conditions, which the above-named physician or his/her associates or assistants may consider necessary or advisable in the course of the operation or procedure. This authorization includes the use of anesthesia.
3. The nature and purpose of the operation or procedure described above, possible alternative methods of treatment, the risks involved, the possible consequences, and the possibility of complications, including the risks and complications associated with the use of anesthesia, have been explained to me by my physician and anesthesiologist. I acknowledge that no guarantee or assurance have been given by anyone as to the results that may be obtained.
4. I consent to the photographing or videotaping of the operation or procedure to be performed for medical, scientific, research, or educational purposes, possibly including television and/or public broadcasting, provided my identity is not revealed. I also consent to the admittance of qualified observers to the operation room for these purposes.
5. I consent to the disposal or use by Carlsbad Surgery Center and/or the above-named physician or his/her associates and assistants of any tissues or body parts that may be removed for any purpose that it or they may deem reasonable, including research or commercial purposes.
6. If complications arise, I agree to be admitted and treated at a facility with staff and equipment suitable to treat my condition.
7. I understand that my physician and his/her assistants and associates, the anesthesiologists, pathologists, and radiologists, and other physicians providing services to me are not agents, servants or employees of Carlsbad Surgery Center but are independent contractors.
8. As part of our commitment to assure that you are fully informed, and in accordance with the Office of the Inspector General for the Department of Health and Human Services and as defined in section 65.42 of the California Business and Professions Code, we are required to inform you that your physician may maintain an investment in Carlsbad Surgery Center.
9. My signature below constitutes my acknowledgement of:
(a) that I have read and agree to the foregoing; (b) that the operation or procedure set forth above have been adequately explained to me by my physician and that I have received all of the information I desire concerning such operation; (c) that I authorize and consent to the performance of the operation or procedure.
10. In the event of a hospital transfer after surgery, I hereby authorize the receiveing hospital to release the HOSPITAL DISCHARGE SUMMARY to Carlsbad Surgery Center