**Informed Consent Form:**

Offender Name: DOB:

Offender #: Institution:

I hereby authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or designee and assistants to perform the following operation, procedure or treatment:

I have been advised of the following alternatives, consequences, risks, and complications:

If any unforeseen condition arises in the course of the operation, procedure, or treatment and calling for the judgment of the Health Care practitioner for procedures in addition to or different from those now contemplated, I further request and authorize the Health Care practitioner to do whatever is deemed necessary.

I consent to the administration of anesthesia to be applied by or under the direction and supervision of:

**I have read and understand the terms of this consent:**

**Patient Signature:**   **Date:**

**Health Care Staff Signature:**  **Date:**