Consent for Surgery/Procedura

CENTER to SURCERY	
239 Hurffville-Cross Keys Rd Suite 180 Sewell, NJ 08080 856-341-8262	Patient Name
	DOB
I (noweatter	
I, (parent/representative)	Duth a in the
	stants as may be selected by him/her to perform upon margery/procedure(s) on (Date):
II. Colonoscopy and biopsy- insert small camera obtain small pinches of samples called biopsic abdominal pain, bleeding and perforation. If a strength of the probe- insert a thin plastic tube into the number of discomfort in the nose, throat and rarely irritated in the strength of the original hereby authorize my physician*, his/her associates deem necessary and advisable. This authority shall are not known to my physician at the time the operative opportunity to make a sadequately explained to me the me be associated with this procedure, the benefits, the untreated. I have had the opportunity to fully discurs opportunity to ask questions I might have. I am aw science, and I acknowledge that no guarantees have physician to be necessary and advisable. I have been to the present use of blood/derivatives and the alterance of the present use of blood/derivatives and the alterance of the present to the present use of blood/derivatives and the operative is to serve as a resource to the physical of the photographing and televising of the photographs will remain exclusively the property of the photographs will remain exclusively the property of the administration of conscious sedation by and alternatives have been satisfactorily explained to the physician. I agree to the administration of conscious sedation by physician. I alternatives have been satisfactorily explained to my physician. I alternative and fully understand this complete in the physician.	a in to the could be the course of the country of the course, as complications are rare but may include sore throat, bloating, a polyp is seen this is usually removed at the same time. Hose into the esophagus to measure acidity. There may be some the control of the country of
Signature of Parent or Rèpresentative	Dato (Cierco
Refers to any physician, surgeon, dentist or as	Date/Time Witness Signature
e above referenced and	
associated with this been provided with an auti-	Depting and
e associated with this treatment/procedure/intravenous sedutions of not having the procedure.	matrist performing a surgical procedure. Anation of the material risks and likely complication that are or may ation/analgesia, benefits, alternatives, if any, including the likely