Solutions Pain and Spine Doctors
3780 Holcomb Bridge Rd, Ste D-1, Peachtree Corners, GA 30092
Phone: 470-641-6444 Fax: 770-343-7696

DISCOLOSURE AND CONSENT: Medical and Surgical Procedures

TO THE PATIENT: You have the right, as a patient, to be informed about your condition and the recommended surgical, medical or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

I voluntarily request Dr Priscilla Agbenyefia and such associates (including physicians, physician assistants or nurse practitioners), technical assistants (including non-employees providing technical assistance with medical devices), and other health care providers as they may deem necessary, to treat my condition which has been explained to me as I understand that the following surgical, medical, and/or diagnostic procedures are planned for me, and I voluntarily consent and authorize these procedures. I understand that my physician may discover other or different conditions which require additional or different procedures than those planned. I authorize my physician, and such associates (including physicians, physician assistants or nurse practitioners), technical assistants and other health care providers to perform such other procedures which are advisable in their professional judgement.

I understand that no warranty or guarantee has been made to me as to result or cure. Just as there may be risks and hazards in continuing my present condition without treatment, there are also risks and hazards related to the performance of the surgical, medical, and/or diagnostic procedures planned for me. I realize that common to surgical, medical, and/or diagnostic procedures is the potential to infection, blood clots in veins and lungs, hemorrhage, allergic reactions, and even death.

I also realize that the following risks and hazards may occur in connection with this particular procedure: infection, bleeding, nerve injury, weakness, paralysis, no relief of pain, increase in pain, steroid related complications, contrast related complications such as anaphylaxis and fluoroscopy related complications, complication related to medications used.

I understand that Physician Assistants, and Nurse Practitioners acting under the supervision of my primary physician practitioner or his associate physician practitioner may perform portions or all of the surgical procedure/task.

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Signature of Patient: : Signature of Witness:

Date: _____