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CONSENT FOR OPERATIVE PROCEDURE

I, _____ (Patient's Name), authorize Dr. Farris Fahmy to perform upon me, or the named patient, the following operation: _____.

Dr. Farris Fahmy has fully explained to me the nature and purpose of the operation and has also informed me of the expected benefits and complications, attendant discomforts and risks that may arise (including the possibility of unknown risks associated with my undergoing this procedure), as well as possible alternatives to the proposed treatment, including no treatment. I have been given the opportunity to ask questions, and all my questions have been answered fully and satisfactorily.

I understand that during the course of the operation unforeseen conditions may arise which necessitate procedures different from those contemplated. I therefore consent to the performance of additional operations and procedures which Dr. Farris Fahmy may consider necessary.

I understand that immediately prior to surgery, anesthesia may be administered to me.

Based upon the recommendation of my Physician, I consent to the following:

- Local or regional anesthesia to be administered by Dr. Farris Fahmy.
- Oral analgesics which may included Valium, Percocet and Ibuprofen.
- Any tissue surgically removed may be examined and sent to the laboratory & may be disposed of in accordance with the accustomed practice.

I acknowledge that no guarantees or assurances have been made to me concerning the result intended from the operation.

I confirm that I have read and fully understand the above and that all blank spaces have been completed prior to my signing. I have crossed out any paragraphs above which do not pertain to me.

 Signature of Patient or Legal Guardian

 Date

 Farris Fahmy, M.D., F.A.C.O.G.