



Narciso L. Gomez, MD, FACS, FASCRS

BOARD CERTIFIED

COMPASSIONATE SURGICAL CARE

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CONSENT FOR SURGERY OR PROCEDURES

I consent and authorize Dr. Gomez and his/her assistants to perform the operation and or procedure known as _____.

If any unforeseen conditions arise during the course of the operation, I authorize him/her to take whatever steps, and to perform whatever procedure he/she deems advisable, which may be in addition to, or different from those planned. Dr. Gomez has explained to me that there are certain risks and consequences that are associated with the procedure. I have been given an informative brochure (if available) about this procedure, which is attached to this form, which explains the risks, alternatives and benefits of this procedure. I acknowledge that the practice of medicine is not an exact science, and I assume the risks involved.

I consent to the administration of necessary or advisable anesthetics in conjunction with the procedure.

The administration, risks, benefits, and alternatives have been explained to me by Dr. Gomez and his/her assistant. I was told that one alternative is that I may refuse the operation/procedure.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS CONSENT TO TREATMENT AND THE ATTACHED BROCHURE (IF AVAILABLE) AND/OR OPERATION. I HAVE BEEN GIVEN THE OPPORTUNITY TO ASK ANY QUESTIONS I MAY HAVE AND HAVE RECEIVED SATISFACTORY ANSWERS. ALL BLANKS OR STATEMENTS REQUIRING INSERTION OR COMPLETION WHERE FILLED IN AND IN APPLICABLE PARAGRAPHS, IF ANY, WERE CROSSED OUT BEFORE I SIGNED.

I CERTIFY THAT I AM NOT PREGNANT AT THIS TIME.

PATIENT OR AUTHORIZED PERSON/
RELATIONSHIP TO PATIENT

DATE

WITNESS TO SIGNATURE

DATE

I have explained the matters indicated above relating to the operation and/or procedure and risk, benefits, consequences and alternatives. The patient and/or authorized person indicated her appeared to understand and consent to the procedure described.