



Dr. Scott C. Burdge, P.A.
Podiatric Surgery - Sports Medicine

Disclosure 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 harm 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 the Doctor(s) below as my physician, and such associates, technical assistants and other health care providers as they may deem necessary, to treat my condition which has been explained to me as listed below.
- 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, technical assistants and other health care providers to perform such other procedures which are advisable in their professional judgement.
- I consent the use of blood and blood products as deemed necessary. I have not had any allergic reaction to any drug except as I indicated on this form.
- I understand that no warranty or guarantee has been made to me as to the result or cure. I do consent to the disposal of any tissues or parts which may be removed.
- There are risks and hazards related to the performance of the surgical, medical, and/or diagnostic procedures planned for me. I realize there is a potential that the surgical, medical, and/or diagnostic procedures planned for me could result in no improvement or a worsening of my condition; including, but not limited to a potential for infection, blood clots in veins and lungs, hemorrhage, allergic reactions, bone fixation failure, painful fixation, reflex sympathetic dystrophy or abnormal nerve response which can be disabling, long term or permanent swelling and even death.
- I understand that anesthesia involves additional risks and hazards, but I request the use of anesthetics for the relief and protection from pain during the planned and additional procedures. I realize the anesthesia may have to be changed possibly without explanation to me.
- I understand that certain complications may result from the use of any anesthetic including respiratory problems, drug reaction, paralysis, brain damage or even death. Other risks and hazards which may result from the use of general anesthetics range from minor discomfort to injury to vocal cords, teeth or eyes. I understand that other risks and hazards resulting from spinal or epidural anesthetics include headache and chronic pain.
- I have been given an opportunity to ask questions about my condition, alternative forms of anesthesia and treatment, risks or non-treatment, the procedures to be used, and the risks and hazards involved, and I believe that I have sufficient information to give this informed consent.
- I understand it can take up to a year for complete healing.
- I certify this form has been fully explained to me, that I have read it or have had it read to me, that the blank spaces have been filled in, and that I understand its contents.

Diagnosis:		Surgical Procedure(s):	
Proposed Place of Surgery:		Proposed Date of Surgery	
Attending Physician:	Dr. Scott C. Burdge	Date of Signature:	
Allergic to:		Patient Name:	
Witness:		Signature:	