

# Leahy Family Care, Inc.

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## INFORMED CONSENT FOR OPERATION OR SPECIAL PROCEDURES

- 1) I hereby authorize Dr. \_\_\_\_\_ and/or such assistants as may be selected by him/her, to treat the condition or conditions which appear indicated by the examination and diagnostic studies already preformed.
  
- 2) The procedure(s) necessary to treat my condition has been explained to me and I fully understand the nature of the procedure to be:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 3) It has been explained to me that during the course of the operation, unforeseen conditions may be revealed that necessitate an extension of the original procedure(s) or different procedure(s) than those set forth in paragraph 2. I, therefore, authorize and request that the above named surgeon, or his associates perform such surgical procedures as are necessary and desirable in the exercise of professional judgment. The authority granted under this Paragraph 3 shall extend to treating all conditions that require treating all conditions that require treatment are not known to Dr. \_\_\_\_\_ at the time the operation is commenced.
  
- 4) I have been made aware of alternative means of therapy and understand certain risk(s) and consequences that are associated with the procedure(s) described in Paragraph 2 and the accompanying anesthesia.
  
- 5) I am aware that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure.
  
- 6) I consent to the examination and disposal by Leahy Family Care, Inc. of any tissues or parts, which may be removed.
  
- 7) I certify that I have read and fully understand the above consent to operation or special procedures.

Witness: \_\_\_\_\_ Patient: \_\_\_\_\_  
Date: \_\_\_\_\_

I have informed the patient and obtained his/her consent to the procedure listed above.

Dr.'s Signature: \_\_\_\_\_