## COVENANT SPINE AND NEUROLOGY, PLLC DISCLOSURE AND CONSENT FOR PROCEDURES

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 make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to alarm you; it is to an effort to make you better informed so you may give or withhold your consent to the procedure.

<ol> <li>I voluntarily request (Bryant, Powers, Runheim) as my physician and such associate and assistants as are deemed necessary to perform the following surgical, medical, or diagnostic procedure(s) that are planned for me, and I voluntarily consent and authorize these procedures:</li></ol>	1. la	authorize the performance of the following described procedure	e upon	
<ol> <li>I also consent to such different or additional procedure(s) that are considered therapeutically necessar and advisable, based on my Providers finding during the course of my procedure(s).</li> <li>I consent to the presence of manufacturer representatives, students, or observers in the operating roor and have met and been informed of their presence by my provider.</li> <li>Just as there may be risks and hazards in continuing my present condition without treatment, these are also risks and hazards associated with the performance of the surgical, medical, or diagnostic procedure(s) planned for me. I realize that common to surgical, medical, and diagnostic procedure(s) planned for me. I realize that common to surgical, medical, and diagnostic procedure(s) the potential for infection, blood clots in veins or lungs, hemorrhage, allergic reactions, and even death My physician has discussed with me the nature or purpose of the proposed procedure(s) the particular risks and hazards associated with this procedure(s), including the risk the procedure(s) may not accomplish the desired result, the possible or likely consequences of the procedure(s) may not accomplish the desired result, the possible or likely consequences of the procedure(s); the feasible alternatives) and the prognosis if no treatment is received. No guarantees have been made to me concerning the results of the proposed procedure(s).</li> <li>I consent to the release of my social security number as requested by medical device manufacturers a applicable.</li> <li>I consent to being photographed, audiotaped, and or recorded for medical, scientific, or educational purposes. Filming or photographing of an operation or procedure may include appropriate portions of my body, provided my identity is not revealed in the pictures or by descriptive texts accompanying them.</li> <li>I consent to the use of positioning/safety devices during the procedure.</li> <li>I consent to the administration of medication as may be considered ne</li></ol>	ar	e deemed necessary to perform the following surgical, medica	l, or diagnostic proced	
<ul> <li>and advisable, based on my Providers finding during the course of my procedure(s).</li> <li>4. I consent to the presence of manufacturer representatives, students, or observers in the operating roo and have met and been informed of their presence by my provider.</li> <li>5. Just as there may be risks and hazards in continuing my present condition without treatment, these are also risks and hazards associated with the performance of the surgical, medical, or diagnostic procedure(s) planned for me. I realize that common to surgical, medical, and diagnostic procedures is the potential for infection, blood clots in veins or lungs, hemorrhage, allergic reactions, and even death My physician has discussed with me the nature or purpose of the proposed procedure(s), the particular risks and hazards associated with this procedure(s), including the risk the procedure(s) may not accomplish the desired result, the possible or likely consequences of the procedure(s) may not accomplish the desired result, the possible or likely consequences of the procedure(s); the feasible alternatives treatments (including risks, consequences, and probably effectiveness of these alternatives) and the prognosis if no treatment is received. No guarantees have been made to me concerning the results of the proposed procedure(s).</li> <li>6. I consent to the release of my social security number as requested by medical device manufacturers a applicable.</li> <li>7. I consent to being photographed, audiotaped, and or recorded for medical, scientific, or educational purposes. Filming or photographing of an operation or procedure may include appropriate portions of my body, provided my identity is not revealed in the pictures or by descriptive texts accompanying them.</li> <li>8. I consent to the use of positioning/safety devices during the procedure.</li> <li>9. I consent to the administration of medication as may be considered necessary or advisable during the procedure(s) planned for me.</li> <li>10. I understand that local and/or oral</li></ul>	P.	annea ioi inie, ana i volantamy concern ana admenizo anece pi		
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Date: Time: