

7215 Old Oak Blvd. #A-414
Middleburg Hts, OH 44130



Phone: (440) 816-2776 Fax: (440) 816-2709

3865 Rocky River Dr. #4
Cleveland, OH 44111

Consent for Surgical Procedures

Patient Name: _____ Surgery Date: _____

I hereby request and authorize Dr. Yerukhim to perform upon the following operation or procedure:

The above listed operation or procedure is suggested for the treatment of (Diagnosis/es):

Operative details and procedure(s) have been explained to me by Dr. Yerukhim and I understand the nature and expected benefits and complications of operation. I also understand the discomforts and risks that may arise, as well as possible alternatives to the operations, and the risks and consequences of no operation. I have been given an opportunity to ask questions, and all my questions have been answered to my satisfaction.

_____ **Patient Initials**

The doctor has explained the risks of these procedures, which include:

I am aware that practice of medicine is not an exact science and that no guarantees have been made to me concerning the results of my operations.

I confirm that I have read and fully understand the above.

Signature

Date