



I have read and fully understand this consent form and understand I should not sign this form if all items, including all my questions, have not been explained or answered to my satisfaction or if I do not understand any of the terms or words contained in this consent form.

**IF YOU HAVE ANY QUESTIONS AS TO THE RISKS OR HAZARDS OF THE PROPOSED PROCEDURE OR TREATMENT, OR ANY QUESTIONS AS TO THE PROPOSED PROCEDURE OR TREATMENT, ASK YOUR PHYSICIAN NOW, BEFORE SIGNING THIS FORM.**

Patient Signature: \_\_\_\_\_ Date: 06/10/2009

**PHYSICIAN DECLARATION:**

I have explained the contents of this document to the patient and have answered all the patient's questions to the best of my knowledge. I feel the patient has been adequately informed and has consented.

Physician Signature: \_\_\_\_\_ Date: 06/10/2009