

**IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan)**

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| Patient Name: |  | Chart #: |  |

# CONSENT FOR SPECIAL PROCEDURE

Surgical and diagnostic procedures all may involve calculated risks of complications from both known and unknown causes and no guarantee has been made as to result or cure. Except in a case of emergency or exceptional circumstances, these procedures are therefore not performed upon patients unless and until the patient has had an opportunity to discuss them with his physician. Each patient has the right to consent to, or refuse any proposed procedure based upon the description or explanation received.

Your physician has determined that the special procedure listed below may be beneficial in the diagnosis and treatment of your condition. Upon your authorization and consent, a physician selected by your attending physician will perform these special procedures for you.

Your signature opposite the procedures listed below constitutes your acknowledgment that you have read and agreed to the foregoing and that the procedure has been adequately explained to you and that you have all the information that you desire and that you authorize and consent to the performance of these procedures.

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| Diagnosis: |  |
| Procedure: |  |

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| --- | --- |
| Date and Time: |  |
| Physician/Provider: |  |

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| --- | --- |
| Patient’s Signature: |  |
| Parent, Legal Guardian or Representative: |  |
| Witness Signature: |  |