



HOSPITAL • SAN ANTONIO

4243 E. Southcross Blvd.
San Antonio, TX 78224
210-368-7445

Disclosure and Consent Medical and Surgical Procedures

TO THE PATIENT: 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 may make the decision whether or not to undergo the procedure after knowing the risks involved. This disclosure is an effort to make you better informed so you may give or withhold your consent to the procedure.

I (we) voluntarily request Innova Surgical Weight Loss Program, and such associates, technical assistants and other health care providers as they may deem necessary, to treat my condition which has been explained to me as morbid obesity.

I (we) understand that the following medical, and/or diagnostic procedure(s) may be planned for me and I (we) voluntarily consent and authorize these procedures if deemed necessary to treat or diagnose my condition and/or any co-morbid conditions I may have.

- Labs
- EKG / Pulmonary Function Testing
- Urinalysis
- Lap Band Adjustment
- Wound / Incision Treatment
- Dietary Consultation
- Psychological Consultation
- Physical exam

I (we) understand that no warranty or guarantee has been made to me as to result or cure.

I (we) understand that I (we) will have the opportunity during my appointment to ask questions about my condition, alternative forms of treatment, risks of non-treatment, the procedures to be used, and the risks and hazards involved, and I (we) believe that I (we) have sufficient information to give this informed consent.

I (we) certify this form has been fully explained to me, that I (we) have read it or have had it read to me, and the blank spaces have been filled in, and that I (we) understand its contents.

Date: _____ Time: _____ a.m. p.m.

Signature of Patient or Other Legally Responsible Person

Signature of Witness

Printed name of patient

4243 E. Southcross Blvd.

San Antonio

TX

78222

Witness address

City

State

Zip Code

- *Where the patient is incapable of signing and another person is signing in his stead, complete the following: State why the patient is unable to give consent personally (nor to sign this form)
- Minor – any unmarried male or female who has not reached his 18th birthday.
 - Unconscious
 - Physical condition
 - Other _____

Relationship of signer to patient: _____

*If patient is unable to sign, signature of parent or legal guardian