

**CONSENT TO OPERATION, ANESTHETICS, AND OTHER
MEDICAL, DENTAL AND SURGICAL SERVICES**

Date _____ Time _____

1. I authorize the performance upon _____
of the following operation _____
to be performed by or under the direction of Dr. David R. Winchester.
2. I consent to the performance of operations and procedures in addition to or
different from those now contemplated, whether or not arising from presently
unforeseen conditions, which the above-named doctor or his associates or
assistants may consider necessary or advisable in the course of the operation.
3. I consent to the administration of such anesthetics as may be considered
necessary or advisable by the physician or dentist responsible for this service,
with the exception of _____.
4. The nature and purpose of the operation , possible alternative methods of
treatment, the risks involved, the possible consequences, and the possibility
of complications have been explained to me by Dr. David R. Winchester and
by _____.
5. I acknowledge that no guarantee or assurance has been given by anyone as the
results that may be obtained.
6. I acknowledge that all blank spaces on this document have been either
completed or crossed off prior to my signing.

SIGNED _____

WITNESS _____

DATE _____