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Consent and Authorization For Procedure

I, _____, authorize Julian J. Javier, MD and his assistants to perform an operation/procedure upon me for the purpose of attempting to improve my appearance and/or function with respect to the following conditions or operation:

I have requested Julian J. Javier, MD to perform this operation/procedure after careful consideration of the risks involved as well as my own individual needs. This operation/ procedure have been explained to me fully and completely by Julian J. Javier, MD. The nature and effects of the operation/procedure to be performed and the risks have been fully explained to me. The results following the operation/procedure usually result in an improvement, but may not be perfect. Complications which may occur include infection, bleeding, deep vein thrombosis, recurrence, numbness, and staining. Other complications not mentioned may also occur.

Results following the operation/procedure of this nature are intended to result in an improvement in ones appearance and/or function. However, it is understood that Julian J. Javier, MD has not promised a specific result. This is because medicine is an art and not an exact science. Each individual heals differently and reacts differently to any given surgical procedure. It has further been explained to me that the body is not a machine and that changes may take place which may alter the intended result.

I agree to the use of sedatives, local anesthetics, and medications to be ordered or applied by my Doctor.

Photographs may be taken of me before and after the surgery for medical and educational purposes. For the purpose of advancing medical education, physician observers may be admitted to the operating room with my doctor's permission.

I agree to keep Julian J. Javier, MD informed of any change in phone number and address so that they may notify me of any late findings, and I will notify them of any late alterations in the result. I agree to cooperate with them in my care after the operation/procedure until completely discharged and even subsequent to this if the occasion arises.

Patient Signature: _____

Date: _____

Patient Name: _____

Julian J. Javier, MD, FACC, FSCAI, FCCP