



4648 IMPERIAL ST, BURNABY BC V5J 1B8  
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### Patient Consent to Surgical or Invasive Procedure

Patient Name [or label]

Details of Surgery or Invasive Procedure

I confirm that the nature, benefits, risks, consequences, and alternatives of the surgery or invasive procedure(as detailed above)and related matters have been explained to me. I am satisfied with and understand the information I have been given, and I consent to the surgery or invasive procedure.

I hereby authorize and request, Dr. \_\_\_\_\_ (the Physician/Doctor), along with any assistants s/he feels necessary, to perform the procedure (as detailed above) in addition to administering an anaesthetic, if necessary.

I also authorize the Physician to provide any additional treatment and/or investigation that in his/her judgement be advisable for my immediate well-being.

I further consent to the drawing and testing of my blood for risk assessment purposes in the event of inadvertent exposure of doctors or clinic personnel to my blood or body fluids during the course of the procedure and release of the results of such testing to my physician and/or public health authorities in accordance with BC Centre for Disease Control policy.

I understand that I may, at any time, withdraw consent to this surgery or invasive procedure(as detailed above)or any other related matter.

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Patient Signature

Date

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Witness Signature

Date