

Spine Care Specialists

Orthopaedic Specialists of Northwest Indiana, P.C.

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SURGICAL CONSENT FORM

Initial Below	
	I authorize DR. _____ (<i>and such assistants and associates as may be selected or designated by him</i>) to perform the following surgical procedure on me: _____ _____ _____
	I understand that every surgical procedure entails risks. The risks of this procedure include, but are not limited to, injury to the blood vessels and/or bleeding, injury to the nerves and/or muscles, injury to the bones and/or tendons or ligaments, and infection.
	I understand that this surgery may not completely resolve my complaints and that I may have residual symptoms after the surgery. I understand that I may even require additional surgery.
	I have received and reviewed the information and materials given to me regarding this surgical procedure and that all of my questions have been answered. I have been provided with the information I need to make a decision to undergo the recommended surgical procedure.
	I understand that there are other treatment options available and that I could continue to receive non-surgical treatments such as medication, physical therapy, and pain management. I also understand that I could undergo a different surgical procedure such as a fusion without instrumentation or with different instrumentation. I have discussed these options with my physician and I have voluntarily chosen to undergo this surgery.
	I understand that I can obtain the opinion of another physician before I undergo this procedure. If requested, my physician will provide me with the names or other doctors with whom I can discuss my condition and the proposed treatment.
	I acknowledge that I have received no warranties or guarantees with respect to the benefits to be realized or the risks and consequences of the recommended procedure.
	I have reviewed the entire form and have initialed each paragraph to indicate my agreement with its contents.

Date: _____

 Patient's Signature

Date: _____

 Physician's Signature

Date: _____

 Witness Signature