

CONSENT TO OPERATION

DATE 12/14/94

TIME 6:30 AM PM

I hereby authorize Dr. A. Kagan and whomever he/she may designate as his/her assistants, Alexian Brothers Medical Center, its doctors and its nursing staff, to perform upon Shellic Averlin, the following operation:

Removal bilateral breast implants; replacing bilateral saline implants.
~~Removal of the breast implants and replacement with saline implants.~~

I also request my physician act on my behalf to change the procedure set out above when the circumstances or the findings during surgery call for such a change.

- The nature and purpose of the operation, possible alternative methods of treatment, the risks involved and the possibility of complications have been fully explained to me. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.
- I consent to and authorize the administration of anesthesia to be applied by or under the direction or supervision of the anesthesiologist.
- I consent to the disposal by the Alexian Brothers Medical Center of any tissues or parts which may be removed; taking and publication of photographs in the course of this operation for the purpose of advancing medical education; and admittance to the treating and / or operating room to personnel designated by the authorities of Alexian Brothers Medical Center.
- I consent to the administration of resuscitative measures during surgery or the recovery period.
- I have read and fully understand this Consent to Operation. I acknowledge that the explanations referred to in paragraph two were made, and that all blanks were filled in and paragraphs not applying to me, if any, were crossed out before I signed.

SIGNED: Obscured for privacy WITNESS: Obscured for privacy

RELATION TO PATIENT: _____

PHYSICIAN AFFIRMATION

I have discussed the nature, purpose and risks of the operation, possible alternative methods of treatment and the possibility of complications with my patient and / or his or her family, have given the opportunity to ask questions and have answered any such questions.

SIGNED: Obscured for privacy DATE: 12/14/94 TIME: _____

Averlin

ALEXIAN BROTHERS MEDICAL CENTER

800 BIESTERFIELD ROAD
ELK GROVE VILLAGE, IL 60007-3397

CONSENT TO OPERATION (ENGLISH / SPANISH)

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for internet use