



## About medical and surgical procedures

This document describes what you need to know before and after receiving surgical procedures. Should you have any unanswered questions, our staff can answer them at your in-person consultation.

### Before treatment

Dr. Nguyen has explained that the following condition exists in my case:

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### What procedure is proposed?

I understand that the procedures proposed for evaluating and treating my condition are:

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### What risks are involved? What problems might I experience?

Should you experience any problems following your treatment, we can advise and treat you. Our doctor can answer any questions you might have at your in-person consultation.

Risks associated with these procedures include:

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## About your appointment

Your safety comes first. If at any time we discover that our equipment is not in proper, working condition, we'll kindly ask for your understanding and ask you to reschedule your appointment.

## Understanding and accepting the risks

Confirm the following statements:

1. I am signing this document before being treated at Recharge Medical.
2. This procedure or treatment, including anticipated benefits, material risks, and alternative therapies, has been explained to me or my legal representative.
3. All my questions regarding this treatment have been answered satisfactorily.
4. I have read and understood the information provided above and the information provided to me in person by the staff.
5. I accept all risks involved in this treatment.
6. I release Recharge Medical and its agents from all liability associated with this treatment.
7. I have shared all information about me requested and discussed above.
8. I am aware that unexpected risks or complications not discussed above might occur.
9. I understand that during the course of the proposed procedures unforeseen conditions might require the performance of additional procedures, and I authorize such procedures to be performed.
10. I acknowledge that no guarantees or promises have been made to me concerning the results of this treatment.
11. Following this procedure I agree to follow the instructions in the aftercare treatment plan I am given.

Wait to sign and date below until one of our staff members watches you do so.

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Printed name of client

Signature of client or client's legal guardian

Date and time

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Printed name of provider

Signature of provider

Date and time