St. Thomas Radiology Associates, LLC
Jeffrey Guller, MD
9149 Estate Thomas, Paragon Medical Bldg., Suite 103
St. Thomas, VI 00802

CONSENT FOR SURGERY

I authorize Jeffrey Guller, MD and his assistants to perform an operation 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 Jeffrey Guller, MD to perform this operation after careful consideration of the risks involved as well as my own individual needs. This surgical procedure has been explained to me fully and completely by Jeffrey Guller, MD .The nature and effects of the operation to be performed and the risks have been fully explained to me. The results following surgery usually result in an improvement, but may not be perfect. Complications which may occur include infection, bleeding, deep vein thrombosis, recurrence, numbness and staining.

Results following surgery of this nature are intended to result in an improvement in one's appearance and/or function. However, it is understood that Jeffrey Guller, 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 use of sedatives, local anesthetics, and medications to be ordered or applied by my Doctor. If conscious sedation anesthesia is to be employed, the anesthesia specialist will provide this service and my doctor Jeffrey Guller, MD will not be held responsible for their work.

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 Jeffrey Guller, 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 surgery until completely discharged and even subsequent to this if the occasion arises.

Patient Signature: _____ Date: _____

Patient Name: _____

Jeffrey Guller, MD, FACS: _____