

**THE CARRELL CLINIC**

*Orthopaedic Surgery*

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**GENERAL CONSENT FORM**

I, knowing that I am suffering from a condition requiring diagnostic, medical or surgical treatment, do hereby voluntarily consent to such procedures and care and to such medical, surgical, or other services under the general and specific instructions of the physicians of The Carrell Clinic, their assistants or their designee as is necessary in their judgment.

I also acknowledge that the practice of medicine is not an exact science and that no guarantees have been made to me as to the result of treatments or examination by the physicians of The Carrell Clinic.

This form will be in effect from this day forward unless I sign a revocation.

Witness \_\_\_\_\_

Patient's Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

If patient is a minor or unable to sign:

Witness \_\_\_\_\_

\_\_\_\_\_

Signature

Date \_\_\_\_\_

\_\_\_\_\_

Relationship