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Patient Informed Consent

James P. Thomas, M.D. has explained to me the procedure or treatment of _____ in general terms.

I understand there may be alternative procedures or treatments such as _____

I understand the risks of the following procedure, _____.

I am satisfied with the explanation and have had the opportunity for a more detailed explanation by Dr. Thomas. Questions were answered to my satisfaction. I consent to the procedure.

Signature

Witness

James P. Thomas, M.D.

Date __ / __ / 2007