



Physicians of Monmouth, L.L.C.

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# CONSENT FOR SURGERY

\_\_\_\_\_ is scheduled for out-patient surgery at Physicians of Monmouth Surgical Center.

Name of Operation \_\_\_\_\_

Surgeon \_\_\_\_\_ Asst. Surgeon \_\_\_\_\_

The advantages and disadvantages of outpatient surgery have been explained to me and I understand them. I realize that following my operation, admission to a hospital might be necessary. I agree to be admitted to Bayshore Community Hospital if my doctor decides it is necessary.

I consent to photography or television the operation, for education or research purposes, provided that my identity is not revealed.

I consent to the disposal of any tissues that are removed surgically.

Following surgery, I will not drive myself home or use public transportation. I have made arrangements for a responsible adult to take me home.

I realize that, following administration of medication or anesthesia, my mental alertness may be impaired for several hours. I will not make any decisions or participate in any activities that depend on full mental alertness during that time.

Written instructions have been given to me regarding this surgery. I have read them and understand these instructions and will comply with them.

To the best of my knowledge, all the answers to the questions I have been asked are true and I have not withheld any information.

I have read the above informed consent sheet for this operation and all my questions have been answered.

I hereby consent to the proposed operation and the administration of the necessary pre-operative medications and local anesthetic.

\_\_\_\_\_  
Signature of Patient/Guardian Date

\_\_\_\_\_  
Signature of Doctor Date

\_\_\_\_\_  
Signature of Witness