Salt Lake City RFA Clinic

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Radiofrequency ablation (RFA)

Surgeon/Physician for Procedure : ALIREZA FALAHATI, M.D., FACE

THYROID RADIOFREQUENCY ABLATION (RFA) CONSENT AND DISCLOSURE FORM

I (we) understand that, as with any diagnostic or therapeutic procedure, there is potential for infection. I (we) also acknowledge that the following risks and hazards may occur in connection with this specific procedure: BLEEDING, BRUISING, SWELLING, SORENESS, POSSIBLE INFECTION, pain, failure to achieve desired results, possible need for thyroid hormone replacement, nerve injury, lack of improvement, skin burn, and hoarseness. Local anesthesia is used to minimize pain; its risks include temporary discomfort during administration, possible allergic reactions, and accidental vascular injury.

The benefits and likelihood of success of the procedure have been explained to me in a manner I can comprehend. The alternatives to the procedure, such as surgery and its associated risks, have also been discussed. If any unforeseen conditions are discovered during the procedure, it will be halted, and further action will be discussed with me before proceeding.

Dr. Falahati may use and share the results, images (before and after), and related information for internal educational and quality improvement purposes without my consent. All efforts will be made to remove any identifying information. Dr. Falahati may also share identifiable information for research purposes, with my permission and under the approval of a federally

governed review board. If the information does not identify me, it may be used for scientific research purposes without my consent or action by the review board.

By signing below, I acknowledge and agree to the following:

1) A provider has explained and answered all my questions related to the procedure listed above.

2) No guarantee has been made concerning the outcome, as the practice of medicine and surgery is not an exact science.

3) I understand that my provider will solely perform the procedure with the assistance of trained personnel operating machinery as deemed appropriate.

4) I permit observers and technical advisers to be present during the procedure.

I (we) have been given an opportunity to ask questions about my condition, alternative forms of treatment, risks of non-treatment, the procedures to be used, and the risks and hazards involved. I (we) have received sufficient information to provide informed consent.

I (we) certify that this form has been thoroughly explained to me, that I (we) have read it or had it read to me, and that I (we) understand its contents. My signature below shall constitute authorization as indicated above. Additionally, my signature verifies that I understand the prescribed course of care and treatment necessary in conjunction with the procedure and agree to proceed.

DATE: _____

TIME: _____

Patient/Guardian signature: _____

DATE: _____

TIME: _____

Witness signature: _____

I have explained to the patient or legal representative the disclosure and consent required for the medical and diagnostic procedure planned, as well as the patient's right to withhold consent:

DATE: _____

TIME: _____

Physician signature: _____