



CALL US TODAY (478) 745-3014

Consent for Bartholin’s cyst excision

I understand that during the procedure unforeseen conditions might arise or be revealed that could require an extension of the procedure or performance of other operations, procedures or treatments. I therefore authorize and request the below-named individual or their designees to perform such operations, procedures or treatments that are or might become necessary in the exercise of their professional judgment.

I acknowledge that _____ has explained the proposed procedure to me and has answered any questions that I have to my satisfaction.

I hereby consent to the above procedure. In addition, I accept all the risks inherent to that procedure and request that it be performed.

Name of healthcare provider explaining procedure

Date

Signature of Patient or Legal Representative

Date

DOB

Printed Name and Signature of Witness

Date