



# Eugene Pediatric

A S S O C I A T E S

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## INFORMED CONSENT

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Patient's Date of Birth

\_\_\_\_\_ has explained to me in a way that I understand the following:  
Name of provider

1. The general treatment or procedure to be undertaken: \_\_\_\_\_
2. There may be other procedures or methods of treatment, and
3. There are risks to the procedure or treatment proposed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible Party's Signature

Sign below only if you requested and received more detailed information.

I requested and received, in substantial detail, further explanation of the procedure or treatment, other alternative procedures or methods of treatment and information about the material risks of the procedure or treatment. I gave my permission and consent to the procedure or treatment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible Party's Signature

Explained by me and signed in my presence:

\_\_\_\_\_  
Provider/Nurse's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness's Signature