

CONSENT TO OBSERVE

ADVANCED SURGICAL CENTER
7150 W Sunset Rd Suite 106
Las Vegas, Nevada 89113

DATE: _____

PATIENT NAME: _____

AT THE REQUEST OF MY PHYSICIAN, I HEREBY CONSENT TO THE PRESENCE OF (NAME & TITLE)

DURING MY URGERY FOR THE SOLE PURPOSE OF OBSERVATION AND EDUCATIONAL REASONS, I UNDERSTAND THAT THIS/ THESE INDIVIDUAL (S) WILL NOT UNDER ANY CIRCUMSTANCES PARTICIPATE IN THE ACTUAL PROCEDURE.

PATIENT-PARENT-AGENT SIGNATURE _____

WITNESS TO SIGNATURE _____

TIME _____