

CONSENT FOR PROCEDURE

I give consent for the following procedure:

_____.

to be done for Testypatient, Testypatient.

I understand that this procedure will be performed by

R. J. Oenbrink, DO

and whomever is chosen to assist with the procedure.

I have received and understand an explanation of the procedure and its risks which

include: _____

_____.

I consent to the disposal of any tissue, fluid or material that may be obtained during the procedure. I consent to any x-rays or laboratory tests that may be needed after the procedure.

DATE: 01/16/2011

SIGNATURE: _____

RELATIONSHIP if other than self: _____

WITNESS: _____