

LOOP ELECTROSURGICAL EXCISION PROCEDURE Addendum to authorization for surgical treatment

Side effects, complications and risks include, but are not limited to, the following:

-Pain

-Spotting and discharge -Bleeding requiring hospitalization and transfusion -Reaction to anesthetic medication -Infection -Burn -Electric shock -Failure to diagnose or cure problem with need for further diagnostic or therapeutic procedures -Cervical stenosis with menstrual problems or infertility -Cervical incompetence with early pregnancy loss -Damage to adjacent organs or tissues

I acknowledge that I have read and fully understand the above complications and risks, and that all of my questions have been answered to my satisfaction.

| Patient | signo | ature |
|---------|-------|-------|
|---------|-------|-------|

Date

Witness signature

Date

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