



# ADDENDUM TO INFORMED CONSENT - (BLANK)

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PATIENT INFORMATION

PLACE PATIENT'S LABEL HERE

## TOURO INFIRMARY – ADDENDUM TO INFORMED CONSENT

### SYNOPSIS MATERIAL RISKS THAT MUST BE SPECIFIED IN AN INFORMED CONSENT, AS PRESCRIBED BY LOUISIANA LAW

Material risks associated with the medical treatment, surgical procedure, or other therapy described as required by the Louisiana Medical Disclosure Panel.

**Treatment / Procedure:** \_\_\_\_\_

**Risks Identified by your Physician / Healthcare Provider:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Risks Identified by the Louisiana Medical Disclosure Panel:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name of Physician:	Physician's Signature: <b>X</b>	Date MM/DD/YY / /	Time 00:00 AM/PM :
Printed Name of Patient or Authorized Representative:	Patient or Authorized Representative's Signature: <b>X</b>	Date MM/DD/YY / /	Time 00:00 AM/PM :
Relationship to patient (if other than patient):			
Printed Name of Witness:	Witness's Signature: <b>X</b>	Date MM/DD/YY / /	Time 00:00 AM/PM :

