

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

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

Nephrectomy (Complete Or Partial Removal Of Kidney)

Note: Itemization of the procedures and risks under a particular specialty does not preclude other qualified practitioners from using those risks identified for that particular procedure.

- Bleeding;
- Infection;
- Injury to adjacent organs such as lung, spleen, liver, bowel, adrenal gland (if not removed);
- Incomplete removal of tumor, if present.

Other Material Risks:

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

