

TOURO INFIRMARY – ADDENDUM TO INFORMED CONSENT

**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.

Orchiectomy (Removal of Testicle)

- Bleeding;
- Infection;
- Loss of hormone (testosterone) resulting in erection problems, decreased energy, etc.;
- Loss of fertility (ability to have children).

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 : |

