



D^r JAIMES S. BENHAMRON, M.D., C.S.P.Q., FR.C.P.(c)
GASTROENTÉROLOGIE

Consent Form

Consent to an endoscopic intervention

I hereby authorize Doctor Jaimes S. Benhamron to perform _____

I declare that I have been informed of the nature and possible risks or effects of this intervention.

I hereby authorize any other unforeseen operation that may be required at the time of this intervention and for which it would be impossible to obtain my consent.

I also authorize the Clinique du D^r Jaimes S. Benhamron to dispose of the tissues and organs removed.

Date	Signature of user or authorized person	Signature of witness
Date	Signature of physician responsible for the intervention	Signature of witness

Consent to sedation

At the time of _____

I consent to a sedation being administered to me by Doctor Jaimes S. Benhamron.

I declare that I have been fully informed of the nature and possible risks or effects of this sedation.

Date	Signature of user or authorized person	Signature of witness
Date	Signature of physician responsible for the intervention	Signature of witness