

# GREGG T. PODLESKI, D.O.

ORTHOPEDIC SURGERY • SPORTS MEDICINE • BOARD CERTIFIED

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## CONSENT FOR OFFICE PROCEDURE

I, \_\_\_\_\_ authorize and direct Dr. Gregg T. Podleski, D.O.  
*Patient's name*

to perform upon me \_\_\_\_\_ and/or any other  
*Name of Procedure*

treatments he may in his judgment, determine advisable for my well being. The nature and purpose of the procedure, possible alternative methods of treatment and the risks and complications involved include...

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And have been fully explained to me. I acknowledge that the practice of medicine is not an exact science and that no guarantees have been made to me as to the outcome of the procedures and/or treatments.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**OTHER RESPONSIBLE PARTIES SIGNATURE** \_\_\_\_\_ **RELATIONSHIP TO PATIENT** \_\_\_\_\_