



Michelle M. Mulder, M.D.P.A. Michelle A. Hanes, M.D.P.A.
1120 Medical Plaza Drive, Suite #340; The Woodlands, TX 77380
Phone (281) 364-1014 Fax (281) 292-1014

Surgery Consent Form

Please initial all blanks:

_____ Notice: Your decision at any time not to undergo a hysterectomy will not result in the withdrawal or withholding of any benefits provided by programs or projects receiving federal funds or otherwise affect your right to future care or treatment.

_____ This information about surgery is from _____. I was told that the decision to have surgery is completely up to me. I was told that I could decide not to have surgery. I understand that I have the right to seek a consultation from a second physician.

_____ I was told that the surgery will be either through an incision in the abdomen or through the vagina. Sometimes additional surgery may be indicated to remove or repair other organs, such as the uterus, ovaries, tubes, appendix, bladder, rectum and vagina.

_____ The specific operation scheduled for me is: _____

_____.

_____ I was told that the following may be alternatives to surgery, and those checked apply to me:

_____ Leave the problem untreated and accept the natural course of my condition.

_____ Attempt to control some problems with hormones or other medications.

_____ Use of radiation / X-ray therapy.

_____ Attempt to remove just the diseased or abnormal tissue and repair the remainder.

_____ Use of mechanical devices for support.

_____ Repeated dilation and curettage, hysteroscopy, laser therapy, or biopsy.

_____ Combinations of any of the above.

_____ Other: _____

