

## **SUPPLEMENTAL CONSENT FOR PALLIATIVE TREATMENT**

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In providing my consent to the scheduled surgery and the "Consent for Anesthesia Services," I, \_\_\_\_\_ [print patient's name], have been informed by my physicians that I am at increased risk due to the following underlying condition(s):

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My physician(s) have explained that treatment of these underlying conditions prior to surgery may reduce some of the risks associated with surgery, however, based on my current medical condition and prognosis, I am unwilling to submit to additional medical treatment and desire instead to proceed with the scheduled surgical procedure for palliative treatment. I have carefully weighed the increased risks and the benefits of the scheduled surgery and have concluded that benefits of the scheduled surgery outweigh these additional risks. I have had the opportunity to discuss these matters with both my physician(s) and/or family members.

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*Patient's Signature*

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*Date and Time*

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*Physician's Signature*

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*Date and Time*