

Informed Consent

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Hand and Upper Extremity Surgery

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PLANNED PROCEDURE:

Dr. Kaplan discussed the above procedure with me. He discussed with me the procedure in detail as well as the preoperative and postoperative course. I understand there are risks involved with surgery and they have been explained to me as follows:

1. Infection/Wound dehiscence
2. Bleeding
3. Nerve Injury
4. Vessel Injury
5. Decreased Function/ Stiffness
6. Pain
7. Non-union
8. Malunion
9. Hardware failure/Loss of Reduction
10. Adhesion/ Scar
11. Rupture of repair
12. Reflex Sympathetic Dystrophy
13. Recurrent Symptoms
14. Need for Revision Surgery
15. Unforeseen Complications

Dr. Kaplan may take photos or videotape during the surgery, preoperative examination and postoperative follow-up. These files may be used for education, board certification, credentialing, and/or research and will not be distributed with any identifying information. I relinquish any present or future claim for reimbursement for said photographic or film reproduction.

_____ I **CONSENT** to medical photography

_____ I **DO NOT CONSENT** to medical photography

Patient Signature or
Legal Representative: _____ Date/ Time: _____

Physician's Signature: _____ Date/ Time: _____

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