Informed Consent

I, _____, or my legal guardian or parent)
authorize Cardiothoracic & Vascular Surgical Associates, S.C. to provide medical care
reasonable by today's standards.

The surgical procedure has been explained to me in detail and I have been informed and
fully understand the risks, benefits and alternatives of the surgical procedure, including
likely consequences of not undergoing the procedure.

Signature of Patient/Legal Guardian:

_____

 Date:_____