

Brett E. Ruffo MD
34 Commerce Drive
Riverhead, NY 11901
(631)727-5065

CONSENT FOR COMMON OFFICE PROCEDURE

PATIENTS NAME

DATE

TIME

Permission Granted. I grant my permission to, Dr. Brett Ruffo, together with assistants of his choice to perform any of the following necessary office procedures:

Baron Ligature, IRC, Sclerotherapy, Excision of external hemorrhoid, Fistulotomy, and/or Drainage of abscess. For any other complicated procedure, a separate informed consent will be obtained. All complications and questions regarding above procedures will be fully addressed prior to procedure.

Please inform us if there are any blood thinner medications you are taking (such as Aspirin, Plavix, Coumadin, etc. . .)

Signature on this consent can be withdrawn at anytime by the patient, nor does the signature commit patient to any procedures.

Please address any concerns with the Physician.

Patients Signature: _____ Date _____

I have reviewed the above:

Physicians' signature: _____