SURGEXCEL
First Assistants

Surgical First Assistant

Consent form

I,_____(Print Patients Name), Have been informed by my Doctor or their representative ,_____ (Print Doctor or Reps name), That a SURGICAL FIRST ASSISTANT (LSA) Was requested and will be present to assist my Doctor with my Surgical Procedure on _____ (Date (Date of procedure subject to change)).

I understand the SURGICAL FIRST ASSISTANT helps the Doctor carry out the procedure in a safe and efficient manner and is an independent practitioner not employed by either my Doctor or the facility.

I further understand I am responsible for the assistant's fee of $300.00 as the SURGICAL FIRST ASSISTANT is out of network an does not bill insurance.

The $300.00 fee is due before the surgery.

I read and fully understand the information above regarding the SURGICAL FIRST ASSISTANT and I understand that I am responsible for their fee as outlined above.

_____ _____
Patient/Representative's Signature Date

_____ _____
Physician's or Representative's Signature Date

No insurance is accepted.
Contact your doctor's office or visit Surgexcel.com to make payment.