

**OKLAHOMA DEPARTMENT OF CORRECTIONS
CONSENT FOR MEDICAL, DENTAL AND MENTAL HEALTH TREATMENT**

Facility: _____ **Date:** _____ **Time:** _____

I hereby authorize _____ and assistants to perform
(Name of Provider)
the following operation, procedure or treatment:

The nature and the extent of the intended operation, procedure or treatment have been explained to me in detail.

I have been advised by the above provider of the following alternatives, if any, probable consequences if I remain untreated, risks and possible complications of proposed treatment as indicated:

I acknowledge that no guarantee or assurance has been made as to the desired result that may be obtained.

If any unforeseen condition arises in the course of the operation, procedure or treatment calling for the judgement of the provider for procedures in addition to or different from those now contemplated, I further request and authorize the provider to do whatever is deemed necessary.

I consent to the administration of anesthesia to be applied by or under the direction of the above named practitioner or his designee, and the use of anesthetics, as he/she may deem advisable.

Please check one of the boxes below, which describes your situation

I have read and fully understand the terms of this consent and acknowledge that the explanations referred to were made and that all blanks have been filled.

OR

I do not speak or read English and an interpreter has explained this consent to me. I fully understand the terms of this consent and acknowledge that the explanations referred to were made and all blanks have been filled.

Name of Interpreter: _____

Inmate Signature

Treatment Provider

Witness

Inmate Name
(Last, First)

DOC Number