



555 Veterans Drive
P.O. Box #1554
Kyle, Texas 78640
512-398-2664

Licensed Surgical Assistant Consent form

I, _____ (Print Patients Name), Have been informed by my physician or their representative , _____ (print physician or representatives name), That a Licensed Surgical Assistant (LSA) has been requested and will be present to assist my doctor with my surgical procedure on _____ (print date of procedure, this date is subject to change).

I understand the Licensed Surgical Assistant helps the doctor carry out the procedure in a safe and efficient manner. Also, the LSA is an independent contractor not employed by either my doctor or the facility where my procedure will take place.

I further understand I am responsible for the assistant’s fee of \$500.00 as Surgexcel First Assistants does not accept or bill any health insurance.

The \$500.00 fee is due before the surgery.

I have read and fully understand the information above regarding the LSA and Surgexcel First Assistants. I understand that I am responsible for the assistant’s 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.