SYNERGY

MOBILE VETERINARY SURGERY

Surgical Consent Form for Total ear canal ablation/Lateral bulla osteotomy (TECA/LBO)

Owner name: _____ Pet Name: _____
Veterinary Hospital: _____
Primary veterinarian: _____
Patient age: _____ Breed: _____
Patient sex: M MN F FS

_____ I have been notified by Dr. _____of the diagnosis leading to a recommendation for TECA/LBO surgery and informed of the different surgical and non surgical treatment options

_____ I am aware that the success rate for TECA/LBO is good. I understand that, while the prognosis is good, guarantees are not being given.

_____ The complication rate for this surgery is approximately 10%. These complications can include: anesthesia (including - very rarely - possible death), infection, hemorrhage, swelling and bruising, facial nerve paralysis (temporary or permanent), draining tract formation.

_____ Abiding by the post operative instructions is crucial for a proper recovery and to help avoid the postoperative complications.

_____ I give consent to Dr. Cindy Eward or Dr. Marc Hirshenson of Synergy Mobile Veterinary Surgery to perform TECA/LBO surgery on my pet

Y / N I consent to photographs/video of my pet to be used by Synergy Mobile Veterinary Surgery for continuing education lectures, monitoring, case documentation and social media

_____ _____ _____
Client Signature Client Phone number Date

Office Use Only:
Weight (kg): _____ Temp: _____ HR: _____ RR: _____

Confirm leg: LEFT RIGHT