

# **The Brain & Spine Institute at Gwinnett Medical Center**

## OPERATIVE CONSENT FOR SMOKERS

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

I, the undersigned, understand that smoking interferes with good surgical results in general and with bone fusion in particular. I have been explained in understandable terms that the chance of successful bone fusion decreases by more than half with continuing smoking.

I also understand that discontinuing smoking after surgery might prove difficult.

I have been offered the option to delay the surgical procedure until I have definitively stopped smoking.

I have decided to decline this option and to accept the risks involved.

PATIENT SIGNATURE: \_\_\_\_\_

DOCTOR SIGNATURE: \_\_\_\_\_