



UROLOGY, P.C.

5500 Pine Lake Road Lincoln, Nebraska 68516 (402) 489-8888 Fax (402) 421-1945

Ward of State Consent

Patient name: _____

DOB: _____

SSN: _____

As the caseworker for the State of Nebraska, representing the above patient, I authorize and direct Urology, P.C. physicians and his/her designee to provide medical services and diagnostic services as they deem necessary and appropriate including but not limited to services involving pathology, radiology and surgical. I understand that I have the right to receive information, to ask questions and to receive answers to my questions about the treatment plan for above patient. I also have the right to refuse treatment for the above patient and to seek a second opinion.

I understand if patient requires surgery, I will need to provide written consent for the procedure and facility and will be required to bring the patient for surgery or provide a verbal consent the day before or day of the procedure. Urology, P.C./Urology Surgical Center requires three separate consents for each procedure and every procedure will requires consent.

Signature

Date

The following people are authorized to bring the above patient for his/her procedure:

Written documentation of patient status as a Ward of the State is required for our record.