



CONSENT FOR URODYNAMIC STUDY

I hereby authorize the physicians of Daniel Urological Center, Inc., and or such assistants as may be requested by said physician to perform **a series of urodynamic studies on my bladder** for the purpose as previously explained to me.

I understand that this procedure involves the introduction of a small catheter and a pressure sensor into the bladder through the urethral. Sterile water will then be instilled through the catheter into the bladder to measure filling pressures, bladder function, and leakage parameters.

Potential risks associated with this procedure include but are not limited to the risk of infection, bleeding, and injury to the bladder. There may also be a need to repeat one or all parts of this procedure based on findings or future therapies. Additional procedures or tests may also prove to be necessary.

I accept the treatment recommendation of my physician. I acknowledge that no warranty or guarantee has been made as to the results of this procedure. I understand that any aspect of this consent form that I do not understand can and will be explained to me in further detail by asking my physician. I further certify that my physician has informed me of the nature and character of the proposed treatment, of the anticipated results of this procedure, of the possible alternative treatment choices, and the possible risks, complications, and anticipated benefits involved in the proposed treatment, including non-treatment.

The procedure as stated, including the possible risks, complications, options, and expectations have been explained to me or my representative and consent is thus given as noted by signature.

Signature: _____ Date: _____

Witness: _____