

**INFORMED CONSENT TO MEDICAL PROCEDURE
OR OPERATION BY PHYSICIAN WITHOUT
MEDICAL PROFESSIONAL LIABILITY INSURANCE**

1. I, _____ am a patient of
(Print patient's first and last name)

Dr. _____;
(Print physician's first and last name)

2. I am having _____
(Identify name of operation or medical procedure)

performed on _____ at _____ a.m. / p.m.;
(Date) (Time)

3. Dr. _____ has discussed with me, and offered as information for me to consider, that Medical Professional Liability Insurance is not maintained or has lapsed; and

4. I consent to Dr. _____ performing the aforementioned operation or medical procedure.

Patient's Signature Date: _____

Physician's Signature Date: _____

This Informed Consent form must be signed by the patient and the physician and retained in the patient's chart.

The language in this document was drafted and approved by the Maryland Board of Physicians in compliance with Maryland Code Annotated, Health Occupations Article §14-508 (effective date October 1, 2017). Alteration of the language in this document may result in non-compliance with the law.