

**DISCLAIMER**

Mr. Doctor Xavier Delgadillo, Surgeon, informed me that the following surgery,

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..... Scheduled  
..... was timely.

I acknowledge having received from my surgeon all desired information, simple and intelligible for the spontaneous evolution of the disorder or disease for which I suffer, if I would not have surgery.

I was also explained the risks to which I am exposed by having this operation and expected benefits from this intervention and therapeutic alternatives.

I acknowledge having been informed that any surgery carries a certain percentage of complications and risks, including vital, taking not only to the disease I am affected with, but also individual variations that aren't always predictable.

I was also informed that during the procedure, the surgeon can be in front of a discovery or an unforeseen event requiring additional anticipated action or different to those presented initially.

I authorize and solicit, in these circumstances, for the surgeon to perform in any action that he requires to be necessary.

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