

SUPPLEMENTAL CONSENT

I do hereby acknowledge that I have been informed that my surgeon, Gregory Markarian, M. D., may delegate, at his discretion and under his responsible supervision, certain task relating to or involving the surgery to which I have consented, task including but not limited to stitching surgical incisions, to a licensed physician assistant. I also acknowledge that I have been informed that Orthopedic Associates of Naperville may bill me and/or my healthcare plan for such delegated tasks performed by the licensed physician assistant, and that such bill may be separate from, and in addition to, the bill for the surgical and other services performed by Gregory Markarian, M. D.. I hereby consent to such delegation and to such billing.

Patient's Signature

Patient's Name (Please Print)

Date