



Post Office Box 35194 Albuquerque, NM 87176-5194  
(505) 255-2569 Albuquerque E-mail: info@in-forms.com National (800) 955-2569

You may place orders by mail, e-mail, internet, phone or FAX. Call 1-800-955-2569. By using your FAX to place orders, your order may be made at any time, 24 hours a day.  
Please use the FAX order form on last page of this catalog or your purchase order form.  
..... In-Forms normal office hours: Monday through Friday, 9:00 am to 5:00 pm, Mountain Time .....

Our incoming calls are all intercepted by a switch which tests for FAX signals. If no FAX signal is detected, the call is transferred to the office phones. If you do not immediately start your FAX transmission upon dialing, the switch will not "hear" a FAX signal; you may transfer the call to the FAX by dialing 11 or by asking In-Forms personnel to transfer your call to the FAX machine. Phone orders and messages may also be left on our answering machine.  
**Visit our Internet site!** Orders, information requests, and inquiries may be submitted at [in-forms.com](http://in-forms.com)

Risk disclosure acknowledgment forms for the following listed procedures are available in PADS of 50 sheets. The minimum order is one PAD  
Please indicate the NUMBER OF PADS ORDERED for each procedure desired in the space provided.  
**COMPLETE THE ORDERING, SHIPPING & PRICING SECTION ON PAGE 3 or PAGE 4 OF THIS FORM.**  
Sample forms may be requested for review prior to purchasing IN-FORMS for patient use.

**GENERAL SURGERY**

Number of PADS	Form Number	Procedure Title	Number of PADS	Form Number	Procedure Title
_____	1014	Anal Fistulectomy	_____	1122	Gastric Bypass
_____	1015 *	Amputation of Extremity or Part of Extremity	_____	1145	Abdomino-Perineal Resection
_____	1016	Appendectomy	_____	1148	Laparoscopic Cholecystectomy
_____	1017	Arterial Surgery	_____	1149	Laser Laparoscopic Cholecystectomy
_____	1018	Bowel Surgery	_____	1154	Parathyroidectomy <sup>☞</sup> New Form
_____	1019	Breast Biopsy & Possible Radical Mastectomy	_____	1164	Breast Biopsy, Poss.. Modified Radical Mastectomy
_____	1020	Cholecystectomy	_____	1167 *	Pelvic Exenteration
_____	1021	Excision of Ganglion Cyst	_____	1169	Central Venous Catheter
_____	1022	Excision of Pilonidal Cyst	_____	1171 *	Sympathectomy
_____	1023 *	Excision of Parotid Tumor	_____	1172 *	Tracheotomy
_____	1024	Excision of Skin Tumor	_____	1174	Chest Tube Insertion
_____	1025	Excision of Subcutaneous Tumor	_____	1179	Femoral Herniorrhaphy
_____	1026 *	Exploratory Laparotomy	_____	1180 *	Subcutaneous Mastectomy w/ Implants
_____	1027	Gastrostomy	_____	1186 *	Foot Surgery
_____	1028	Hemorrhoidectomy	_____	1252 *	Hand Surgery
_____	1029 *	Hiatal Herniorrhaphy	_____	1302 *	Carotid Endarterectomy
_____	1030	Incision & Drainage of Abscess	_____	1303 *	Abdominal Aortic Aneurysm Repair
_____	1031	Inguinal Herniorrhaphy	_____	1306	Umbilical Hernia Repair
_____	1032	Partial or Total Gastrectomy	_____	1316	Laparoscopic Appendectomy
_____	1033	Pyloromyotomy	_____	1318	Laparoscopic Assisted Colon Surgery <sup>☞</sup> New Form
_____	1034	Splenectomy	_____	1329	Laparoscopic Hiatal Hernia Repair <sup>☞</sup> New Form
_____	1035	Thyroidectomy	_____	1331	Laparoscopic Inguinal Hernia Repair
_____	1036	Vagotomy and Pyloroplasty	_____	1356	Laparoscopic Gastric Bypass <sup>☞</sup> New Form
_____	1037	Vagotomy and Gastrojejunostomy	_____	1382 *	Removal or Replacement of Breast Implant <sup>☞</sup> New Form
_____	1038	Varicose Vein Ligation & Stripping	_____	1400	Breast Biopsy
_____	1039	Ventral Herniorrhaphy	_____	1401	Modified Radical Mastectomy
_____	1099 *	General Consent Form	_____	1402	Radical Mastectomy
_____	1100	Excision of Breast Lump	_____	1406	Simple Mastectomy <sup>☞</sup> New Form
_____	1104 *	Laparoscopic Tubal Ligation	_____	1407	Segmental Mastectomy <sup>☞</sup> New Form
_____	1121 *	Lipectomy	_____	1408 *	Sentinel Node Biopsy for Breast Cancer <sup>☞</sup> New Form

**DIAGNOSTIC PROCEDURES**

Number of PADS	Form Number	Procedure Title	Number of PADS	Form Number	Procedure Title
_____	1001	Angiography	_____	1117 *	Needle Biopsy of the Prostate
_____	1002	Bronchoscopy and/or Bronchogram	_____	1118 *	Direct Laryngoscopy
_____	1003	Cardiac Catheterization	_____	1119 *	Amniocentesis
_____	1004	Carotid Angiogram	_____	1120A*	Diagnostic Arthroscopy
_____	1005	Closed Needle Biopsy	_____	1155	Exercise Stress Test
_____	1006	Esophagoscopy or Gastroscopy, Possible Biopsy	_____	1156 *	Hysterosalpingography
_____	1007	Muscle Biopsy	_____	1166	Phlebography
_____	1008	Myelogram	_____	1173 *	Diagnostic Nasal Endoscopy, Possible Biopsy
_____	1009	Sigmoidoscopy with Possible Biopsy	_____	1175	Thoracentesis
_____	1010	Spinal Tap	_____	1176	Paracentesis
_____	1026 *	Exploratory Laparotomy	_____	1181 *	Mammography
_____	1099 *	General Consent Form	_____	1304	Magnetic Resonance Imaging (MRI)
_____	1104A*	Laparoscopy (not for sterilization)	_____	1305	Computerized Tomography (CT Scan)
_____	1109	Pneumoencephalogram	_____	1400	Breast Biopsy
_____	1111	Colonoscopy	_____	1408 *	Sentinel Node Biopsy for Breast Cancer <sup>☞</sup> New Form
_____	1112 *	Intravenous Pyelogram	_____	1482 *	Obstetrical Ultrasound

**MISCELLANEOUS**

Number of PADS	Form Number	Procedure Title	Number of PADS	Form Number	Procedure Title
_____	1096	Blood Transfusion	_____	1138	Umbilical Artery Catheterization
_____	1097	Dental Extraction	_____	1139	CPAP (for the Newborn)
_____	1098	Refusal of Consent	_____	1480 *	Routine Newborn Circumcision
_____	1099 *	General Consent Form <sup>☞</sup> General Consent			

\* - Procedure is listed in more than one area on this order form. (Continued on page 2.)

## PLASTIC SURGERY

Number of PADS	Form Number	Procedure Title	Number of PADS	Form Number	Procedure Title
_____	1023	* Excision of Parotid Tumor	_____	1190	Suction Lipectomy
_____	1040	* Cosmetic Facial Surgery	_____	1191	Ultrasound Assisted Lipoplasty
_____	1041	Augmentation Mammoplasty	_____	1340	Endoscopic Face Lift
_____	1042	Otoplasty	_____	1341	Endoscopic Forehead Lift
_____	1043	Scar Revision	_____	1342	Endoscopic Eyebrow Lift
_____	1044	Skin Graft	_____	1350	Insertion of Tissue Expander
_____	1068	* Submucous Resection, Septoplasty	_____	1351	Abdominoplasty
_____	1099	* General Consent Form	_____	1352	Head or Neck Surgery Using Implants
_____	1105	* Rhinoplasty	_____	1353	Botulinum Toxin (Botox) Injection
_____	1106	* Blepharoplasty	_____	1354	Sclerotherapy for "spider viens"
_____	1113	Rhytidectomy	_____	1355	Collagen Injection
_____	1121	* Lipectomy	_____	1356	Laparoscopic Gastric Bypass
_____	1122	Gastric Bypass	_____	1380	Breast Reconstruction using Tissue Expander
_____	1123	Reduction Mammoplasty	_____	1382	* Removal or Replacement of Breast Implant
_____	1124	Chemical Face Peeling	_____	1383	Forehead Lift
_____	1125	* Radical Neck Dissection	_____	1384	Eyebrow Lift
_____	1143	Dermabrasion	_____	1385	Removal of Buccal Fat Pads
_____	1146	MicroDermabrasion (Power Peel)	_____	1386	Laser Facial Skin Resurfacing
_____	1170	Hair Transplant	_____	1387	Laser Skin Resurfacing
_____	1178	Mastopexy	_____	1388	Tattoo Removal using Laser
_____	1180	* Subcutaneous Mastectomy w/ Implants	_____	1389	Reconstructive Mammoplasty, Abdominal Flap
_____	1182	Nipple Reconstruction	_____	1390	Reconstructive Mammoplasty, Latissimus Dorsi Flap
_____	1184	Cheiloplasty			

## EYE SURGERY

Number of PADS	Form Number	Procedure Title	Number of PADS	Form Number	Procedure Title
_____	1060	Cataract Extraction	_____	1114	Detached Retina Repair
_____	1060A	Cataract Extraction with Lens Implantation	_____	1115	Corneal Transplant
_____	1061	* Caldwell-Luc Procedure	_____	1128	Phako-Emulsification
_____	1062	Excision of Pterygium	_____	1129	Phako-Emulsification w/Lens Implant
_____	1063	Extra-Ocular Muscle Operation	_____	1130	Enucleation of the Eye
_____	1066	Photocoagulation	_____	1507	Laser Surgery for Glaucoma (Iridectomy or Trabeculoplasty)
_____	1099	* General Consent Form	_____	1508	Laser Capsulotomy
_____	1106	* Blepharoplasty	_____	1509	Radial Keratotomy
_____	1107	Glaucoma Surgery	_____	1510	Intraocular Lens Implantation

## EAR, NOSE & THROAT SURGERY

Number of PADS	Form Number	Procedure Title	Number of PADS	Form Number	Procedure Title
_____	1023	* Excision of Parotid Tumor	_____	1105	* Rhinoplasty
_____	1040	* Cosmetic Facial Surgery	_____	1118	* Direct Laryngoscopy
_____	1059	Adenoidectomy	_____	1125	* Radical Neck Dissection
_____	1061	* Caldwell-Luc Procedure	_____	1126	T & A
_____	1064	Mastoidectomy	_____	1127	Laryngectomy
_____	1065	Myringotomy with Tube Implantation	_____	1140	Destructive Labyrinthectomy
_____	1067	Stapedectomy	_____	1172	* Tracheotomy
_____	1068	* Submucous Resection, Septoplasty	_____	1173	* Diagnostic Nasal Endoscopy, Possible Biopsy
_____	1069	Tonsillectomy	_____	1177	Endoscopic Sinus Surgery
_____	1070	Tympanoplasty	_____	1183	Uvulopalatopharyngoplasty (UPPP)
_____	1099	* General Consent Form	_____	1367	Middle Ear Exploration, Ossiculoplasty

## ORTHOPEDIC & NEUROSURGERY

Number of PADS	Form Number	Procedure Title	Number of PADS	Form Number	Procedure Title
_____	1015	* Amputation of Extremity or Part of Extremity	_____	1131	Chordotomy
_____	1045	Anterior Cervical Fusion	_____	1141	Total Wrist or Elbow Replacement
_____	1046	Arthrotomy or Arthroplasty	_____	1142	Repair of Shoulder Separation
_____	1047	Bunionectomy	_____	1151	Cerebrospinal Fluid Shunt
_____	1048	Craniotomy	_____	1159	Hypophysectomy
_____	1049	Excision of Exostosis	_____	1162	Patella Surgery
_____	1050	Internal Fixation of Fractures	_____	1168	Posterior Cervical
_____	1051	Joint Fusion (Ankle, Hip, Wrist)	_____	1171	* Sympathectomy
_____	1052	Lumbar Laminectomy, with or without Fusion	_____	1186	* Foot Surgery
_____	1053	Metal Removal from Internal Fixation	_____	1187	Bakers Cyst Removal
_____	1054	Osteotomy and Bone Graft	_____	1200	Enzyme Injection for Ruptured Disc
_____	1055	Peripheral Nerve Surgery	_____	1250	Release of Trigger Finger
_____	1056	Repair of Recurrent Shoulder Dislocation	_____	1251	Release of Carpal Tunnel
_____	1057	Spinal Fusion-Lumbosacral	_____	1252	* Hand Surgery
_____	1058	Tendon Repair	_____	1253	Ligament Repair
_____	1099	* General Consent Form	_____	1254	Repair/Reconstruction Knee Ligament
_____	1102	Total Hip Replacement	_____	1255	Closed Reduction of a Fracture
_____	1103	Total Knee Replacement	_____	1256	Surgery for Dupuytren's Contracture
_____	1108	Ventriculo-Atrial Shunt	_____	1257	Rotator Cuff Repair
_____	1120	Arthroscopy, Arthroscopic Surgery	_____	1258	Total Shoulder Replacement
_____	1120A	* Diagnostic Arthroscopy	_____	1259	Endoscopic Carpal Tunnel Release

## THORACIC AND CARDIOVASCULAR SURGERY

Number of PADS	Form Number	Procedure Title	Number of PADS	Form Number	Procedure Title
_____	1011	Coronary Artery Bypass	_____	1160	Intra-Aortic Balloon Pump
_____	1012	Pulmonary Resection	_____	1300	Percutaneous Transluminal Coronary Angioplasty
_____	1013	Thoracotomy	_____	1301	Temporary Transvenous Pacing (Temp. pacemaker)
_____	1029	* Hiatal Herniorrhaphy	_____	1302	* Carotid Endarterectomy
_____	1150	Insertion of Permanent Pacemaker	_____	1303	* Abdominal Aortic Aneurysm Repair

## ANESTHESIA

Number of PADS	Form Number	Procedure Title	Number of PADS	Form Number	Procedure Title
_____	1092	Caudal Anesthesia	_____	1095	Spinal Anesthesia
_____	1093	General Anesthesia	_____	1192	Epidural Anesthesia
_____	1094	Regional Anesthesia			

## UROLOGIC SURGERY

Number of PADS	Form Number	Procedure Title	Number of PADS	Form Number	Procedure Title
_____	1080	Circumcision	_____	1091	Vasectomy
_____	1081	Cystoscopy	_____	1099	* General Consent Form
_____	1082	Cystostomy	_____	1110	* Urethrovessical Suspension
_____	1083	Hydrocelectomy	_____	1112	* Intravenous Pyelogram
_____	1084	Meatotomy	_____	1117	* Needle Biopsy of the Prostate
_____	1085	Nephrectomy	_____	1135	Trans-Urethral Resection-Bladder
_____	1086	Orchiopexy	_____	1136	Orchiectomy
_____	1087	Retropubic or Suprapubic Prostatectomy	_____	1137	Ureteral Reimplantation
_____	1088	Trans-Urethral Resection, Prostate	_____	1381	Insertion of Penile Prosthesis
_____	1089	Uretero or Nephrolithotomy, Abdominal	_____	1480	* Routine Newborn Circumcision
_____	1090	Varicocelectomy	_____	1491	* Marshall-Marchetti-Krantz Procedure

## OBSTETRIC & GYNECOLOGICAL PROCEDURES

Number of PADS	Form Number	Procedure Title	Number of PADS	Form Number	Procedure Title
_____	1026	* Exploratory Laparotomy	_____	1413	Bladder Suspension with Vaginal Sling <small>☞ New Form</small>
_____	1071	Abdominal Hysterectomy	_____	1414	Colpocleisis <small>☞ New Form</small>
_____	1072	Anterior &or Posterior Colporrhaphy	_____	1415	Supracervical Hysterectomy <small>☞ New Form</small>
_____	1073	Caesarean Section	_____	1416	Use of Long-Term Injectable Contraceptive
_____	1074	D & C (for Disease) Possible Biopsy	_____	1417	Laparoscopic Supracervical Hysterectomy <small>☞ New Form</small>
_____	1075	D & C or Suction for Abortion	_____	1418	Female Sterilization by Essure Procedure <small>☞ New Form</small>
_____	1076	Oophorectomy	_____	1426	Laser Laparotomy
_____	1077	Bilateral Salpingectomy (Tubal Ligation)	_____	1433	Fallopian Tubal Reconstruction after Sterilization
_____	1078	Uterine Suspension	_____	1472	Culdeplasty <small>☞ New Form</small>
_____	1079	Vaginal Hysterectomy	_____	1473	Childbirth by Vaginal Delivery
_____	1099	* General Consent Form	_____	1474	Cryosurgery
_____	1101	Insertion of IUD	_____	1475	Cervical Biopsy
_____	1104	* Laparoscopic Tubal Ligation	_____	1476	Hormone Replacement Therapy
_____	1104A	* Laparoscopy (not for sterilization)	_____	1477	Endometrial Biopsy
_____	1110	* Urethrovessical Suspension	_____	1478	Ovarian Cystectomy
_____	1116	Use of Oral Contraceptives	_____	1479	Cervical Conization
_____	1119	* Amniocentesis	_____	1479A	Laser Cervical Conization
_____	1132	Pitocin Induction of Labor	_____	1480	* Routine Newborn Circumcision
_____	1133	Fallopian Tuboplasty	_____	1482	* Obstetrical Ultrasound
_____	1134	Wedge Resection of the Ovaries	_____	1483	Laser Surgery of the Vagina
_____	1144	Culdoscopy (Not for Sterilization)	_____	1484	Laser Surgery of the Uterus
_____	1147	Amnioscopy	_____	1485	Suction Curettage for Missed Abortion
_____	1152	Colposcopy	_____	1486	Vaginal Delivery after Previous C-section
_____	1153	Hysteroscopy	_____	1487	Laser Surgery of Female Perineum
_____	1156	* Hysterosalpingography	_____	1488	Cervical Cerclage for Incompetent Cervix
_____	1167	* Pelvic Exenteration	_____	1489	Myomectomy
_____	1181	* Mammography	_____	1490	Endometrial Ablation
_____	1403	Lap Assist Vag Hysterectomy <small>☞ New Form</small>	_____	1491	* Marshall-Marchetti-Krantz Procedure
_____	1404	Laser Laparoscopy <small>☞ New Form</small>	_____	1492	Laparoscopic Oophorectomy
_____	1405	Cervical LEEP	_____	1493	Laser Cervical Vaporization
_____	1409	Laser Treatment for Condyloma <small>☞ New Form</small>	_____	1494	Vulvar Biopsy
_____	1410	Urethral Diverticula <small>☞ New Form</small>	_____	1495	Hysteroscopic Myomectomy
_____	1411	Treatment or Excision of Bartholin Cyst <small>☞ New Form</small>	_____	1496	External Cephalic Version
_____	1412	Laparoscopic Bladder Neck Suspension <small>☞ New Form</small>	_____	1497	Cervical Polypectomy
_____			_____	1498	Perineorrhaphy

\* - Procedure is listed in more than one area on this order form.

Patients signing an In-Forms Risk-Disclosure Acknowledgment form must also sign a Consent to Medical Services Form (In-Forms No. 1099)  
 In-Forms Order Form Rev. September 2010 In-Forms' forms are copyrighted - all sales are final.

Physician, Hospital or Clinic Name		
Street Address (UPS shipping address)		
Suite, Building, or Department		
City,	State	ZIP Code
Name & Title of Authorized Purchaser / Contact Person		
Area Code & Phone No.	FAX Number	e-mail address
Purchase Order Number		
Prepaid by Check #	Amount \$	
All Sales are Final		

PRICING (per PAD of 50 sheets):	\$9.00
DISCOUNTS:	
Prepaid Order of 4 or more pads:	Deduct \$.50 Per Pad.
Volume Order:	
25 - 49 PADS (1250+ Sheets)	Deduct \$1.00 Per Pad
50+ PADS (2500+ Sheets)	Deduct \$1.50 Per Pad

A Service Charge of 1.5% per month will be assessed on any balance over 30 days past due. (18% Annual Percentage)

Number of Pads X \$9.00 :	_____
Shipping Charge (all AK & HI)	+ _____
Less \$.50 X Number of Pads,	- _____
if PREPAID in FULL for four (4) or more pads	
Less Volume Discount (1.00 or 1.50 X Number, per above)	- _____
SUBTOTAL:	_____
Sales Tax (7% shipment to NM Only)	+ _____
TOTAL AMOUNT of ORDER	\$ _____
Price Includes cost of UPS Ground Shipping within 48 States	

Pricing, availability of specific forms and content of forms are subject to change without notice.  
 In-Forms makes **NO WARRANTY, EXPRESS or IMPLIED**, no guarantee, and no assurance that the proper use of its Risk-Disclosure acknowledgment forms will prevent any or all future malpractice claims or recoveries, including those based on the "doctrine of informed consent."

