

Consent for Surgery/Procedure

Please read this whole form and ask about any part you don't understand. Be sure your questions are answered **before** you sign this form. Por favor avise si gustaría que un intérprete repase esta hoja con usted.

Full Name: _____ Date of Birth: _____

I agree for Dr. _____ and any assistants the doctor may choose, to do _____

_____ for the diagnosis of _____

Other health care workers or visiting company representatives may be there during my procedure, and pictures or videos may be taken as decided by my doctor. My doctor has told me about and I understand that there may be:

Alternatives: Other things I can do instead of this procedure (including doing nothing at all), along with the risks, benefits, and side effects of each have been explained to me.

Risks: All procedures involve some risks. These can include infection, bleeding, nerve injury, blood clots, heart attack, allergic reactions, pneumonia, and even death. Risks specific to this procedure may include, but are not limited to:

Benefits: _____

Other procedures: During my procedure my doctor may find other unexpected health problems that, in his/her judgment, need to be taken care of right away. In this case, I agree to other treatments that he/she thinks are needed.

Tissue: The doctor may remove tissue or body parts which may be kept for exam, then disposed of as stated by law.

Pregnancy: You may need medications during your procedure. Some of them could potentially harm an unborn baby. In case I am pregnant, I agree to a pregnancy test before my procedure. ***I can decline this test by initialing,*** but if I do, I assume all risk for any harm that may come to any unborn baby I could be carrying. _____ (initials)

Blood products: My doctor may decide I need a transfusion of blood products during, or right after my procedure. My doctor has explained to me that there are no real alternatives to blood products, and that there are risks involved in getting blood products including, but not limited to, fever, allergic reactions, death, and getting a disease such as hepatitis, HIV or cytomegalovirus (CMV). He/she has also explained the risks of not getting blood products if I need them, including the chance of death.

I consent to blood products _____ (initials). I do not consent to blood products _____ (initials).

Results and recovery: No promise has been made about the results of my procedure, and it may not cure my health problem. My doctor has talked to me about the chance of success of this procedure, and any problems I may have during my recovery.

I have read and fully understand this form. By signing below, I am agreeing to this procedure.

Patient or representative _____ Date _____ Time _____

Relationship if other than patient _____

Doctor affirmation: I have explained the procedure, alternatives, risks, benefits, and potential consequences to the patient who has indicated understanding and has consented to the procedure.

Doctor signature _____ Date _____ Time _____

