HONORHEALTH

Patient Label

PROCEDURE CONSENT

PLEASE READ CAREFULLY:

1. I, _____ consent to the following procedure:
   PRINT PATIENT'S FIRST AND LAST NAME

   _____
   (Medical Term - without abbreviations)

   _____

   _____

2. Procedure in patient's/legally authorized person's own words:

   _____

   _____

3. I consent to the procedure to be done by_____
   PRINT PRACTITIONER'S FIRST AND LAST NAME

4. I consent to the performance of operations and/or procedures in addition to or different from those now contemplated, but are necessary or advisable in the course of the operation due to unforeseen conditions.

5. I understand the practitioner performing the procedure may be assisted as necessary for the procedure by the following:
   - An assistant of her/his choice.
   - An anesthesia provider.
   - A perfusionist for management of heart/lung equipment when required.
   - Practitioners including but not limited to residents/fellows, who will be performing important tasks related to the surgery, in accordance with the hospital's policies.

All practitioners will be performing only tasks that are within their scope of practice, as determined under State law and regulation, and for which they have been granted privileges by the hospital.

   - A specialty vendor may be present during my surgery.

6. The risks and benefits of the procedure as listed below have been explained to me:
   - The procedure to be performed.
   - The usual and major risks connected with the procedure and anesthesia/procedural sedation, but not limited to, loss of bodily function, paralysis, and even death
   - The advantages of the procedure and the likelihood of success.
   - Other treatments/options that may be available.
   - Results of non-treatment.

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7. I have been advised that dental prosthetic devices such as dentures, bridges, caps, crowns, and fillings, etc. are more susceptible to damage than normal teeth. I have also been advised that all removable teeth may have to be removed before going to a procedure. I agree that responsibility for loss or damage to such will be solely mine.
8. I consent to any procedures necessary in case of a MEDICAL EMERGENCY during the procedure including the administration of blood or blood products or being placed on a ventilator and use of full resuscitative measures.
9. I consent to allow a healthcare observer(s) for the purpose of advancing medical education.
10. I consent to medical photographs or videotaping of the procedure. I understand that the photographs/videotape, which may include my image, may be used in my medical record and/or for the purposes of medical teaching.
11. I consent to disposal of tissue/body parts which may be removed.
12. I understand that any implanted device that is removed surgically will be held/discarded per hospital policy.

(CROSS OUT AND INITIAL ANY PARAGRAPHS ABOVE WHICH DO NOT APPLY.)

The procedure has been thoroughly explained to me and I have had the opportunity to have all my questions answered and consent to the above procedure.

Date: _____ Time: _____ _____

Patient/*Legally authorized person Signature

_____

Signature of Witness

* If patient is unable to give consent, state the reason: _____

_____ _____

* Print first and last name of legally authorized person signing above Relationship to Patient

This patient does not understand English. The consent was interpreted by: _____

In what language: _____

OPERATING PRACTITIONER STATEMENT

Prior to the procedure, I explained the above procedure(s) to the patient and have discussed the major and common risks, the benefits, likelihood of success, and any alternative methods of treatment.

Date: _____ Time: _____ _____

Practitioner Signature

TELEPHONE AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT

REASONS FOR ACQUIRING TELEPHONE PERMISSION: _____

_____

TELEPHONE NUMBER CALLED: _____ WITH WHOM DID YOU SPEAK? _____

HOW DID HE/SHE IDENTIFY HIMSELF/HERSELF? _____ RELATIONSHIP TO PATIENT: _____

EXPLANATION TO THE PARTY: _____

HIS/HER REPLY: _____

SIGNATURE OF PERSON PLACING THE CALL: _____

SIGNATURE OF WITNESS TO THE CALL: _____

DATE: _____ TIME: _____