

**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: \_\_\_\_\_

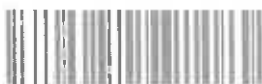
EXPLANATION TO THE PARTY: \_\_\_\_\_

HIS/HER REPLY: \_\_\_\_\_

SIGNATURE OF PERSON PLACING THE CALL: \_\_\_\_\_

SIGNATURE OF WITNESS TO THE CALL: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_



CNS002