

McLaren Print System Order

Order No: 55687 Reprint Previous Order No: 9296
Order Date: 2020-07-29
User: Lyna Havalda
Phone: 3422203

Ship Location:
401 S Ballenger Hwy
Flint, Mi 48507

Forms
Quantity: 100
Paragon Dept No: 23012
Dept Name: 2C
Company Number: 60

Order Total Price: 0.00

Item Number: 1761-Group 2
Item Description: Consent to Procedure with Intravenous Sedation
Revision Date: 9/19/2013
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLaren
FLINT, MICHIGAN

CONSENT TO PROCEDURE WITH INTRAVENOUS SEDATION

- 1. I have been told by my physician... that my present condition or conditions may effectively be treated by the following procedure(s):
2. I understand that unforeseen circumstances may arise during an operation or procedure...
3. I am aware that McLaren Flint is a resident teaching facility...
4. I understand that such procedure(s) may involve transfusion of blood or blood cell products...
5. I agree to the use of anesthesia and/or sedation as deemed appropriate...
6. I acknowledge that full discussion has taken place between my physician and me prior to the procedure(s)...

Signature of Patient \_\_\_\_\_ Date & Time \_\_\_\_\_

If patient is unable to sign or is a minor, complete the following:
Signature of Next of Kin or Legal Guardian \_\_\_\_\_ Date & Time \_\_\_\_\_

Signature Witnessed by \_\_\_\_\_ Date & Time \_\_\_\_\_

I, Dr. \_\_\_\_\_ hereby attest to providing information regarding the patient's risk, including risk of infection, benefits, as well as alternative methods of treatment available to aid the patient and family in the decision process regarding this procedure(s).

Signature of Physician \_\_\_\_\_ Date & Time \_\_\_\_\_

Anesthesia Provider Signature \_\_\_\_\_ Date & Time \_\_\_\_\_

CONSENT TO PROCEDURE WITH INTRAVENOUS SEDATION



Form with fields for patient information and checkboxes.