

McLaren Print System Order

Order No: 63447
Order Date: 2021-07-01
User: Lyna Havalda
Phone: 3422203

Ship Location: 2C Attn Lyn
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 1
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 Print

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): (1) Transesophageal Echocardiogram (2) Colonoscopy
I hereby authorize my physician and the associates and assistants selected by him to perform the described procedure(s)
2. I understand that unforeseen circumstances may arise during an operation or procedure... and may require performance of operations or procedures different from or in addition to those originally planned...
3. I am aware that McLaren Flint is a resident teaching facility and that physician residents and/or medical students may be involved with my care under the supervision of my physician...
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 by the anesthesiologist or his/her designee...
6. I acknowledge that full discussion has taken place between my physician and me prior to the procedure(s) herein authorized...

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: _____

Signature of Physician: _____ Date & Time: _____

Anesthesia Provider Signature: _____ Date & Time: _____

Spec Info:

_____ hereby attests to providing information regarding the patient's risk, including risk of infection, anemia, as well as alternative methods of treatment available to aid the patient and family in the decision process regarding the procedure(s).

Signature of Physician: _____ Date & Time: _____

Anesthesia Provider Signature: _____ Date & Time: _____

CONSENT TO PROCEDURE WITH INTRAVENOUS SEDATION



6376

Form with fields for patient information and checkboxes.