

McLaren Print System Order

Order No: 41950 Reprint Previous Order No: 41949
Order Date: 2019-01-15
User: Lisa Ardanowski
Phone: 810-768-2073

Ship Location: McLaren Surgery and Endoscopy Center Attn: Lisa Ardanowski
501 S. Ballenger Hwy
Flint, MI 48532

Forms
Quantity: 200
Paragon Dept No: 30014
Dept Name: Surgery and Endoscopy Center Pain Clinic
Company Number: 60

Order Total Price: 130.00

Item Number: PAIN INJECTION PACKET
Item Description: PAIN INJECTION PACKET
Revision Date: 1/2019
Print:
Paper:
Size:
Fold:
Finish:
Drill:
Misc Info: 6 pages black ss, 3 ds - color first sheet; 5 hole drill top; stapled in corner

McLaren Flint
FLINT ANESTHESIA
CONSENT TO OPERATION OR OTHER PROCEDURE
1. I have been told by my physician... that my present condition or conditions may effectively be treated by the following procedure(s):
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...
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) herein authorized...
Signature of Patient: Date & Time
Signature of Nurse or Legal Guardian: Date & Time
Signature Witnessed by: Date & Time
I, Dr. family attest to providing information regarding the patient's risk...
Signature of Physician: Date & Time
Anesthesia Provider Signature: Date & Time
CONSENT TO OPERATION OR OTHER PROCEDURE
8006