

McLaren Print System Order

Order No: 45336 Reprint Previous Order No: 9298
Order Date: 2019-05-13
User: Kathy Warshefski
Phone: 8109854300

Ship Location: ADVANCED ORTHOPEDICS
1231 Pine Grove Avenue, Suite 1A
Port Huron, MI 48060

Forms

Quantity: 100
Paragon Dept No: 66275
Dept Name: MMG Port Huron
Company Number: 810

Order Total Price: 16.10

Item Number: 1761
Item Description: Consent to Operation or Other Procedure
Revision Date: 10/3/2013
Print: 1 sided full color
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info: Yellow highlighted area printed

McLaren Print System
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... I consent to such other or additional surgery, procedures, or therapies as may be considered necessary or advisable by my doctors under such circumstances.
3. I am aware that McLaren Park 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. I have been made aware that, despite routine screening procedures, use of blood and blood cell products always carries some risk of transmissible disease, including hepatitis virus, or other blood-borne agents.
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).
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 OPERATION OR OTHER PROCEDURE
100 8200