

McLaren Print System Order

Order No: 49703 Reprint Previous Order No: 41949
Order Date: 2019-10-23
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: 500
Paragon Dept No: 30014
Dept Name: Surgery and Endoscopy Center Pain Clinic
Company Number: 60

Order Total Price: 325.00

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;

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 Parent 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 the procedure(s).
Signature of Physician: \_\_\_\_\_ Date & Time \_\_\_\_\_
Anesthesia Provider Signature: \_\_\_\_\_ Date & Time \_\_\_\_\_
CONSENT TO OPERATION OR OTHER PROCEDURE
104 10/18/18 820b