

McLaren Print System Order

Order No: 6521
Order Date: 2014-10-16
User: Angela DeLaRosa
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Ship Location: McLaren Bay Region Family Medicine/Attn Angela DeLaRosa
3720 Katalin Ct
Bay City, MI 48706

Forms

Quantity: 100
Paragon Dept No: 60841
Dept Name: McLaren Medical Group
Company Number: 810

Order Total Price: 0.00

Item Number: MM-113
Item Description: Consent for Office Procedure (Other than Routine Care)
Revision Date:
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLaren Ambulatory Care Center, McLaren Occupational Health/Concussion Care Center
CONSENT FOR OFFICE PROCEDURE
(Other than Routine Care)
I hereby authorize and consent to the performance of the following procedure:
By or under direction of Dr.
at (if facility's name) on (Date of procedure)
I further consent to the performance of any additional procedures during the course of my procedure which the physician or his designee judges necessary or desirable to correct the existing condition or any other unhealthy condition which may be discovered.
I have been advised by my physician about alternatives to the procedure suggested, but I believe that the procedure suggested is the procedure I should have.
My physician has advised me fully about the nature of the procedure and the risks involved. I realize that neither the physician nor the facility can guarantee any result.
I have read this authorization and understand it.
NOTE TO PATIENT: YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ AND AGREED TO THE ABOVE, THAT THE PROCEDURE(S) HAS (HAVE) BEEN ADEQUATELY EXPLAINED TO YOU BY YOUR PHYSICIAN, THAT YOU HAVE ALL THE INFORMATION YOU DESIRE, AND THAT YOU AUTHORIZE AND CONSENT TO THE PERFORMANCE OF THE PROCEDURE(S) MENTIONED ABOVE.
DATE/TIME SIGNATURE
RELATIONSHIP OF OTHER THAN PATIENT
SIGNATURE OF WITNESS
Signature of physician by which it is affirmed that the informed consent of the patient, or duly authorized agent, has been obtained to the outlined above.
DATE/TIME SIGNATURE
Time of pre-procedure Time out
Patient identified
Operation site(s) verified/marked
Procedure verified
Patient Signature Date/Time
Physician Signature Date/Time
McLaren
10/1/14