

McLaren Print System Order

Order No: 70544 Reprint Previous Order No: 5828
Order Date: 2022-06-20
User: Heather Clark
Phone: 810-985-9365

Ship Location: McLaren Medical Office Building - Attn: Heather Clark
1231 Pine Grove Ave., Ste. 1A
Port Huron, MI 48060

Forms

Quantity: 1000
Paragon Dept No: 58020
Dept Name: Advanced Orthopedics
Company Number: 60

Order Total Price: 0.00

Item Number: 1761
Item Description: Consent to Operation or Other Procedure (McLaren Flint Region)
Revision Date: 10/3/2013
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLaren Flint
FLINT REGION
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, 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
Signature of Nurse or Legal Guardian Date & Time
Signature Witnessed by Date & Time
I, Dr. _____ hereby affirm 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
8206