

McLaren Print System Order

Order No: 86281
Order Date: 2024-06-15
User: Darlene Maguire
Phone: 810-3422395

Ship Location: mclaren flint 8th floor attn darlene
401 s. ballanger hwy
flint, mi 48532

Forms

Quantity: 100
Paragon Dept No: 23080
Dept Name: 8th floor orthopaedics
Company Number: 60

Order Total Price: 3.60

Item Number: 1761-Group 1
Item Description: Consent to Procedure with Intravenous Sedation
Revision Date: 9/19/2013
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: 5 Hole Top
Poster:
Misc Info:

McLaren Flint
FLINT MEDICAL

CONSENT TO PROCEDURE WITH INTRAVENOUS SEDATION

- 1. I have been told by my physician... that my present condition or conditions may effectively be treated by the following 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...

Signature of Patient: _____ Date & Time: _____

If patient is unable to sign or is a minor, complete the following:

Signature of Next of Kin: _____ 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 PROCEDURE WITH INTRAVENOUS SEDATION



Form with three rows for initials or marks:

Spec Info: