

McLaren Print System Order

Order No: 88471
Order Date: 2024-09-25
User: Dana Campbell
Phone: 517-9757300

Ship Location: McLaren Greater Lansing, Birthing Center, ATTN:Dana Campbell
2900 Collins Rd
Lansing, MI 48910

Form
Quantity: 500
Paragon Dept No: 30231-1100
Dept Name: Birthing
Company Number:

Order Total Price: 11.70

Item Number: MGL-055 (655-02)
Item Description: REQUEST CONSENT CIRCUMCISION
Revision Date: 04/2024
Print: 2 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Poster:
Misc Info: 8.5x11 Black DS



REQUEST AND CONSENT FOR CIRCUMCISION

I voluntarily request and consent to have Dr. _____ as my infant's physician, and such associates, assistants and other health care providers as he/she deem necessary, to perform a circumcision on my infant.
I know that medical science is not perfect and many things are not predictable. I understand that my infant's physician may discover other or different conditions which require additional or different procedures than those planned. I authorize my infant's physician, and his/her designees, to perform such other procedures which are advisable in their professional judgement.
This authorization is given with the understanding that any operation or procedure involves some risks and hazards. Generalized risks include, but are not limited to: infection, bleeding, nerve injury, and severe allergic reactions.
I understand that no warranty or guarantee has been made to me as to the result.
If applicable, I consent to sedation or local anesthesia to be given by or as directed by my infant's physician.
The nature, purpose, consequences, risks and possible complications of the procedure have been explained to me.
I have been informed of and understand the alternative to the procedure listed above.
I deny known family history of hemophilia or other bleeding disorders.
My request and consent for this circumcision is the result of my discussion with the physician. I have had the opportunity to ask questions, and they have been answered to my satisfaction.
Signature of parent/legal representative _____ Date _____ Time _____
Relationship to patient _____
Physician Affirmation
I or my physician associate have explained to the infant's parent or his/her legal representative the nature of the procedure, and the benefits to be reasonably expected. I have also discussed the possibility of risks or complications of this procedure. I have documented the above in my notes on the hospital record.
I or my physician associate have given the infant's parent/legal representative the opportunity to ask questions, and believe all questions have been answered to the parent/legal representative's satisfaction.
Signature of physician _____ Date _____ Time _____

Spec Info:

REQUEST AND CONSENT FOR CIRCUMCISION

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