

## PATIENT INFORMED CONSENT FOR **SURGERY & SEDATION**

Page 1 of 5

Patient Identifcation



My doctor (Dr. \_\_\_\_\_\_) will do my surgery.



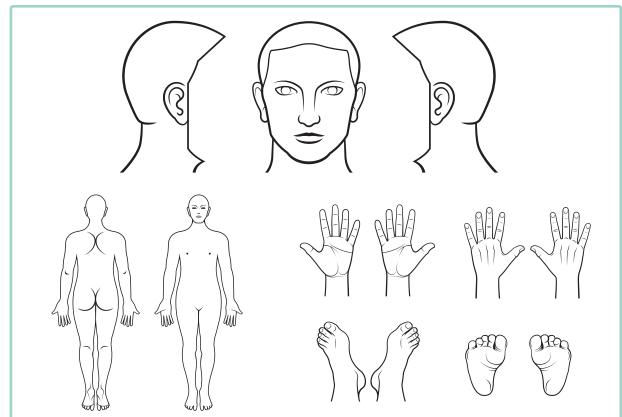


The surgery is called:





**Procedure Site:** The surgery is for this part of my body:





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Patient Identiÿcation







My doctor told me that other health care workers may help



with my surgery.



The health care workers might be:



1. doctors who work with my doctor.



2. nurses







3. doctors who are learning to do the surgery.



## PATIENT INFORMED CONSENT FOR SURGERY & SEDATION

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Patient Identiÿcation









Risks are bad things and benefits are good things that can happen









from my surgery. My doctor told me the risks and benefits from









my surgery. The risks could happen during my surgery or after.











I understand that these bad things could happen from my surgery:







My doctor told me that an **observer may watch my surgery**.



## PATIENT INFORMED CONSENT FOR SURGERY & SEDATION

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Patient Identiÿcation





These are sometimes students and sometimes people who





support or sell surgical equipment.







My doctor told me that health care workers might take photographs,











videos, or sound recordings of my surgery. It is ok for the pictures or recordings to be used for other doctors to learn the procedure or if my medical insurance needs them to pay my bill.





My doctor asked me if I wanted more information.









I understood my doctor and had time to ask questions.



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Patient Identiÿcation





O My doctor told me about the surgery and told me about my other









options, including no treatment. I agree to have the surgery.

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(Patient's Signature*)	(Print	First/Last Name)	(Date	<u>:</u> )	(Time)		
I EXPLAINED THE ABOVE I	PROCEDURE(S)	OR TREATMENT TO THE P	ATIENT:				
			/	/	•	□ am	□pm
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☐ Check to indicate pati	ent has signed	using a name, word, ma	rk or symbol c	ther tl	nan legal na	me.	
☐ * Patient is unable to o	consent becaus	se:					
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## PATIENT INFORMED CONSENT FOR RENDERING OF MEDICAL SERVICES/

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