

PERMIT FOR OPERATION \_\_\_\_\_ PRMC \_\_\_\_\_ | SURG. CTR.

PATIENT'S NAME \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

DATE OF SURGERY/PROCEDURE \_\_\_\_\_

CLASSIFICATION:  INPATIENT  SDA  OUTPATIENT

I hereby request Drs: \_\_\_\_\_

To perform the following procedure on me: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Reason for procedure: \_\_\_\_\_

I understand there are risks involved in all procedures. These include but are not limited to infection, hematoma, hemorrhage, pneumonia, heart attack, stroke, urinary tract infections, nerve damage, and even death. Other possible problems include: \_\_\_\_\_

Radiology Risks: \_\_\_\_\_

Treatments instead of procedure: \_\_\_\_\_

Chance of success of procedure: \_\_\_\_\_

What may happen if the procedure is not done: \_\_\_\_\_

**Sedation/Anesthesia Consent**

Moderate Sedation is defined as the administration of medications for the purpose of reducing the patient's anxiety or discomfort prior to and/or during a diagnostic, operative or invasive procedure while allowing the patient the ability to independently maintain an airway and respond appropriately to physical and verbal stimulation. In the event my physician determines moderate sedation may be needed, the risks, benefits and alternatives to moderate sedation have been discussed with me. These include but are not limited to the following: emotional stress, headache, respiratory difficulty, asthma attack, allergic reaction, cardiac and lung failure, brain damage, liver damage, drug reactions, death.

I have been advised that medical circumstances may arise during the procedure that could necessitate a change in the method of administering the sedation or may require the conversion to general anesthesia. Anesthesia is defined as a drug induced loss of consciousness during which patients are not arousable and the ability to independently maintain ventilatory function is often impaired.

**Blood Consent/Refusal**

I understand there may be a need to transfuse me with blood and/or blood products during this procedure and hospitalization thereafter. I have been informed of the risks and benefits of receiving such products and of alternative treatments available to me.

- I hereby consent to the administration of blood and/or blood products.
- I hereby refuse the administration of blood and/or blood products. My physician has explained to me the risks of refusing the administration of these products as well as alternative treatments and I accept these risks.
- I hereby refuse the administration of blood and/or blood products. Exceptions: \_\_\_\_\_

I certify that the narrative descriptions of risks, benefits, alternatives, and possible complications of the intended procedure, sedation, anesthesia, or blood are accurate to the best of my knowledge; I have answered the patient's questions and gained consent to proceed as planned.

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

I know that the explanation I have received does not list everything that could happen and that other problems may develop. I have had all my questions answered and the information I have received is enough for me to give my permission for this procedure. I know that no guarantee of success can be given. I have read all of this consent form, and it read to me, and I understand it. My signature is completely voluntary.

Witness \_\_\_\_\_ Date \_\_\_\_\_

Patient/Legal Guardian/Surrogate Signature \_\_\_\_\_ Date \_\_\_\_\_

