



Authorization for Performance of Operations and Other Invasive Procedures

PATIENT ID LABEL

PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER CERTIFICATION

I certify that I have explained to the patient, or a legally responsible agent, his/her condition, the proposed operation(s) / procedures, alternative treatments, if any, the risks / benefits and possibility of complications involved, the probability of success and predicted outcome(s) with no action.

Physician/Physician Assistant/Nurse Practitioner Signature _____ ID # _____ Date _____ Time _____

After narcotic administration, I certify this patient is alert and oriented x 3. Yes _____ LIP initials _____

Patient: _____

1. I hereby give consent for surgery / procedure to be performed by Dr./PA/NP _____ and/or Associates as follows: _____

The procedures necessary to treat my condition have been explained to me by _____ and are: (as described by patient) _____

NOTE: Unless the procedure is being performed by the PA/NP who is credentialed to perform the procedure, explanations provided by the Physician Assistant or Nurse Practitioner are limited to pre-operative and post-operative information. (Refer to Hospital Policy: Consent/ Refuse to Consent, effective May 2016)

- 2. The benefits and risks of the procedure, including but not limited to, death, infection, bleeding, injury to nerves, blood vessels, organs or structures, and exposure to radiation and the likelihood of achieving my goals; and any potential problems that might occur during recuperation were explained to my satisfaction by the physician in charge.
3. I consent to the performance of operations and procedures, in addition to or different from those to which I have consented if considered medically necessary by the above-named doctor and/or associates due to the occurrence of presently unforeseen conditions during the course of the operation / procedure.
4. I understand that all pathological specimens removed (tissue and/or parts) will be disposed of by the Hospital as required in Section 15 of 10.02.04, Standards and Regulations for Acute General Hospitals and Special Hospitals, Department of Health and Mental Hygiene, State of Maryland by the State of Maryland.
5. I am aware of and consent to blood product administration or tissue transplants that are/may be required. Risks, benefits and alternatives to administration (including no administration) have been explained to me. I have received the Blood Products Educational pamphlet. Patient Initials _____ You have the right to accept or refuse this Blood Administration. Patient Initials _____ You have the right to accept or refuse this Tissue Transplant.
6. Pictures or videos may be taken for the purpose of medical documentation or educational reasons, by hospital staff.

The following paragraphs may be crossed out if not applicable.

- 7. I consent to the admittance of observers to the operating room for the purpose of advancing medical education.
8. Females of Childbearing Age Only (May not be crossed out if patient is pregnant.) I fully understand that my planned surgical procedure is not elective and my physician has indicated that surgery cannot be delayed. I have been informed that there may be a risk to the fetus. I understand that anesthesia risks to the fetus could precipitate a miscarriage or future birth defects. I hereby release my surgeon, anesthesiologist, and the Hospital from any responsibility of liability related to miscarriage or birth defect.

I certify that I have read and fully understand the above consent, that the explanations referred to were made, that all blanks or statements requiring insertion or completion were filled in, and that inapplicable paragraph(s) numbered _____ were stricken before I signed.

Signature of Patient (or Authorized Representative): _____

Print Name of Representative: _____

Representative Relationship to Patient: _____

Signature of Witness: _____ Date: _____ Time: _____

Print Name of Witness: _____

Interpreter Name _____ ID # _____ Date _____ Time _____

Language Line LifeLinks

