

Patient Name: \_\_\_\_\_

Planned Procedure: \_\_\_\_\_

Dr. \_\_\_\_\_ has told me that I have the following medical condition \_\_\_\_\_ that needs to be treated because \_\_\_\_\_. The following operation/procedure is recommended: \_\_\_\_\_

The doctor has explained the operation/procedure to me and has told me: *(name of operation/procedure)*

1. All operations/procedures involve risks such as: severe loss of blood, infection, cardiac arrest, death:

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2. There is no guarantee that this operation/procedure will improve my condition.
3. The operation/procedure will involve the administration of medications (conscious sedation) which may alter my level of consciousness and the benefits, risks, and complications have been explained.  
The operation/procedure will involve the administration of medications (deep sedation) which have a high risk for loss of protective reflexes and the benefits, risks, and complications have been explained.
4. I request that anything removed from me be disposed of by UPMC Hamot as usual, with the following exceptions *(if none, so state)*:

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5. I understand that if I am discharged the same day as my operation/procedure, I should not operate a motor vehicle or machinery or potentially dangerous appliances, drink alcoholic beverages or make critical decisions for \_\_\_\_\_ hours. I understand that I must be accompanied by a responsible adult when I am discharged.
6. About feasible alternative treatments and the risks involved with those.
7. The anticipated outcome, if no treatment is received.
8. About the specific and reasonably anticipated risks and complications of the proposed operation/procedure; the possible or likely consequences of the proposed operation/procedure. Risks specific to planned procedure:

The doctor has explained to me that sometimes during an operation or procedure unforeseen conditions or complications are encountered. If such circumstances occur during my operation/procedure, I consent to the performance of such treatment and procedures as my physician determines to be in my best interest.

My doctor has given me the opportunity to ask all of my questions regarding this operation/procedure and has answered them to my satisfaction. I, therefore, permit the doctor, residents under his/her supervision, and/or his/her colleagues or assistants to perform this operation/procedure on me.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ AM  
PM

Patient Signature witnessed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ AM  
PM  
*(Staff Signature)*

The patient was unable to consent because \_\_\_\_\_.

I, therefore, consent for the patient \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ AM  
PM  
*(Signature / Relationship to Patient)*

Representative's Signature witnessed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ AM  
PM  
*(Staff Signature)*

I declare that I personally explained the above operation/procedure risks and alternatives to the patient and/or the patient's guardian.

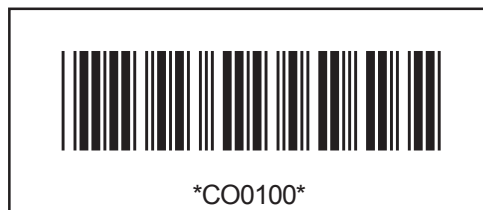
Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ AM  
PM

**FOR ALL INVASIVE PROCEDURES, DOCUMENT VERIFICATION OF CORRECT SITE.**



**Consent for Operation  
or Other Procedure**

D-01-169 (10-01-11)



**UPMC Hamot**