Stomach - Gastrectomy (Cancerous) (Robotic-Assisted Laparoscopic Possible Open) (Gastrectomy (Robotic-Assisted Laparoscopic Possible Open))
EGD with Possible Interventions (Moderate Sedation) (Esophagogastroduodenoscopy (EGD) with Possible Interventions (Moderate Sedation))
Possible Gastrojejunostomy (Laparoscopic Possible Open) (Possible Laparoscopic Gastrojejunostomy)
Possible Abdomen - Laparotomy (Exploratory) With Possible Interventions (Possible Laparotomy (Exploratory) with Possible Interventions)

SIGNATURES FOR CONSENT (print legible)

Physician/ Provider:

I have discussed with the patient (or surrogate), in language they could understand, all relevant aspects of this procedures(s) that would be regarded as significant by a reasonable person in the patient's condition and circumstances when deciding to accept or reject the proposed treatment or procedure; including (1) the nature and purpose of the procedure; (2) the medical condition requiring the procedure; (3) the risks, complications, and expected benefits or effects of the treatment or procedure; (4) any possible alternatives to the treatment or procedure and their risks and benefits, both medical and surgical, if appropriate; (5) the right to not consent to the treatment or procedure; (6) the prognosis if treatment is not performed, as included in this document and (7) the likelihood of the patient achieving his or her goals, and any potential problems that might occur during recuperation.

I have answered any questions asked by the patient (or surrogate). The patient (or surrogate) demonstrated understanding of our discussion, has decision making capacity, and has authorized the performance of the procedure.

[redacted]	[redacted]		5/15/19	7AM
Provider Name (print)	Signature	Provider ID #	Date	Time

Paciente/Padres/Cuidador/Guardian
Patient/Parent/Conservator/Guardian(if signed by other than patient, indicate relationship):

[redacted]	[redacted]	Patient	5/15/19	7AM
Nombre Paciente/Padres/Cuidador/ Guardian *Patient/Parent/Conservator/Guardian Name*	**Firma** *Signature*	**Relacion** *Relationship*	Fecha *Date*	Hora *Time*

Testigo (*Witness)*

Witness Name (print)	Signature	Title (MD, RN, etc)	Date	Time

TREATMENT WITHOUT CONSENT

TREATMENT WITHOUT CONSENT: Not applicable

Any blank space on the remainder of this page is intentional