



Cleveland Clinic
Euclid Hospital
Fairview Hospital
Hillcrest Hospital
CC Nevada


Avon Hospital
Lutheran Hospital
Marymount Hospital
Medina Hospital
South Pointe Hospital
CC Children's Hospital for Rehabilitation

INFORMED CONSENT

Responsible Practitioner performing the Procedure/treatment/test: Christi Cavaliere, MD
Procedure/treatment/test:

Debridement of the lower back, sacral, skin of the hips in both side, bilateral thigh, and other intervention if clinically warranted.

The risks, benefits, and anticipated outcomes of the procedure/treatment/test, (the "Patient's Procedure"), the alternatives to the Patient's Procedure and the risks and benefits of those alternatives, and the roles and tasks of the personnel to be involved in the Patient's Procedure were discussed with the patient or the patient's personal representative.

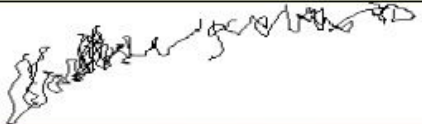
	9/11/2017 9:26:26 AM
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Practitioner's Signature

Name of Practitioner Obtaining the Consent: Nicholas Sinclair, MD

1. I, the patient, or my personal representative, have talked to my doctor or health care team about:
 - a. My medical condition, what the Procedure/treatment/test is, why I am having it done, and what will happen during and after the Procedure/treatment/test.
 - b. How it may help me (the benefits).
 - c. How it might harm me (the most likely and serious risks, complications, and side effects).
 - d. The equipment that will be used for the Procedure/treatment/test, to the extent that is significant to my decision making.
 - e. My other choices for treatment and the risks and benefits of those other choices.
 - f. What will likely happen if I say no to this Procedure/treatment/test.
2. I, the patient, or my personal representative, understand that:
 - a. I can change my mind. If I do, I must tell my doctor or team before they start.
 - b. If it is best for me, my doctor may change my treatment if he/she finds a serious problem or if complications arise during the Procedure/treatment/test.
 - c. Physician trainees and assistants who are licensed by law and/or approved by Cleveland Clinic health system may observe or participate in the Procedure/treatment/test.
 - d. The equipment used for my Procedure/treatment/test will include equipment deemed appropriate by my physician with the goal of the best possible outcome.
 - e. No guarantee is made to me concerning a final result, outcome or cure.
 - f. I am cared for by a team led by my attending surgeon. Unless otherwise specified by my surgeon, at certain non-critical portions of my surgery, my attending surgeon may leave the operating room and/or be involved in another procedure.
3. My questions have been answered to my satisfaction. I agree to the Procedure/treatment/test.

Details

	9/11/2017 9:29:02 AM
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Signature of Patient/Other Authorized Person

Individual Consenting: Patient

Relationship to Patient (if not patient): Patient

Witness to Telephone Consent (optional): Not Applicable

Telephone

8/28/2018
Dermatology



Melissa P Piliang

Dermatology

Informed Consent

Reason for call

Conversation: Informed Consent

(Newest Message First)

Melissa P Piliang

Note

8/28/18 9:09 AM

Yasser Sammour called the patient's husband, Mr. [REDACTED], on 07/02/2018 to ask for his permission to use his deceased wife's health information to write a case report. The purpose of the case report and the details of information use were fully explained. The husband agreed and a verbal consent was obtained. Additionally Mr. [REDACTED] provided digital photos of the patient's wounds.

Melissa P Piliang, MD



Orders Placed

None

Medication Renewals and Changes

None

[Medication List](#)

Visit Diagnoses

None

[Problem List](#)

Additional Documentation

Encounter Info: [Billing Info](#), [History](#), [Allergies](#), [Detailed Report](#)