



**Consent for Medical, Surgical
and Diagnostic Procedures**

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Patient's Name: _____

We would like you to receive all the information you need to make the best decisions about your healthcare while you are at Saint Vincent Hospital. You have a right to be informed about the nature and purpose of the proposed procedure(s), risks and consequences of the procedure(s), risks and prognosis if no treatment is rendered, the probability that the proposed procedure(s) will be successful and alternative methods of treatment (if any) and their associated risks and benefits. You also have a right to be informed when practitioners other than your doctor will perform important parts of the procedure(s). If you need an interpreter to help you understand the information discussed, this service will be provided for you. This informed consent document summarizes the important pieces of information that your doctor has discussed with you in detail.

Name of the Procedure: Debridement of Left MA

Purpose of the Procedure: Wound Healing

Name of the Provider Performing the Procedure: Dr. Courney

Risks / Benefits and Alternatives to Treatment

☐ See attached addendum for specific procedure related information

Bleeding / Infection / Pain

Practitioners other than your doctor will perform/supervise a part of your procedure(s)

☐ Not Applicable

Any one of the following practitioners

- ☐ Resident / Fellow ☐ Physician Assistant
☐ Nurse Practitioner ☐ Nurse Midwife
☐ Other: _____

Identify the portion of the procedure this person will perform

- ☐ Will assist throughout the procedure
☐ Or will be restricted to: _____

- ☐ Resident / Fellow ☐ Physician Assistant
☐ Nurse Practitioner ☐ Nurse Midwife
☐ Other: _____

- ☐ Will assist throughout the procedure
☐ Or will be restricted to: _____

☐ If applicable: I am aware that an implantable device will be placed. I agree to the release of my Social Security number in order to identify my device in the event of a product recall. S.S. #: _____ Signature: _____

☐ If applicable: I authorize the administration of blood or blood products as deemed medically necessary by my physician. I have been made aware of the risks and consequences that can be associated with transfusions of blood products. I understand that there may be alternatives to allogenic (Blood Bank) blood transfusion and that each of these alternatives has its own risk.

☐ If applicable: I authorize the administration of Procedural Sedation. I have been made aware of the expected results (reduced anxiety and pain, partial or total amnesia), risks (an unconscious state, depressed breathing, impaired consciousness, aspiration pneumonia), and technique (drug injected into blood stream to provide relaxation).

I understand that it is my right to be fully informed about the procedure(s) to be performed in order to make an intelligent and reasonable decision whether to undergo the procedure. However, I also understand that all procedures involve some risk. I have been reasonably and adequately informed of the risks of the procedure including not having the procedure, and no promise or guarantee of a specific result has been made to me. In signing this document, I acknowledge that I have read this document and understand its content. The provider signing this document has fully explained the content of this document and answered all of my questions to my satisfaction. If an interpreter was present, the content of the document and the conversation with the provider were translated to my satisfaction. Therefore, I consent to having the stated procedure performed. I also consent to the disposal of any tissue removed during this procedure.

Patient's Signature: _____

Date: 12/29/20

Time: 1204

State why patient is unable to sign: _____

Person Signing on Behalf of Patient: _____

Relationship to Patient: ☐ Parent ☐ Legal Guardian ☐ Health Care Proxy ☐ Other: _____

Witness's Signature (optional if signing in person): _____

Date: _____

Time: _____



WCNT11055 (Rev. 07/18)

Provider's Signature: _____

Date: 12/29/20

Time: 1204

Interpreter Service Provided by: _____

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YELLOW COPY • Originator

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