

GENERAL CONSENT TO OPERATION AND OTHER MEDICAL SERVICES INCLUDING ANESTHESIA

- 1. The facility maintains personnel and facilities to assist physicians and surgeons as they perform various-surgical operations and other diagnostic or therapeutic procedures. Generally, such physicians, surgeons and practitioners are not agents, servants or employees of the facility, but independent contractors and, therefore, are the patient's agents or servants. The facility provides nursing and support services and facilities; the facility does not provide medical physician care.
- The procedure(s) to be performed and the advantages and disadvantages, risks and possible complications as well as the alternatives have been explained to me by my physician. The doctor has satisfactorily answered my questions.
- 3. My consent is given with the understanding that any operation or procedure involves risks and hazards. The more common risks include; infection, bleeding with the need for blood transfusion, nerve injury, blood clots, heart attack, stroke, allergic reaction, damage to teeth or bridgework, and pneumonia. These risks can be serious and possibly fatal.
- 4. I authorize and direct my surgeon to arrange for additional services for me as he or she may deem necessary or advisable, including but not limited to the administration and maintenance of anesthesia, and the performance of pathology and radiology services to which I hereby consent.
- 5. I authorize tile pathologist or physician to use his or her discretion in disposing of any member, organ, implants, prosthetic, or other tissue removed from my person during the operation(s) or procedure(s).
- 6. The facility may participate in residency and other training programs for physicians, allied health professionals and other providers of services. All care rendered by the individuals in training will be supervised and reviewed, as appropriate, by appropriate personnel. I hereby consent to care and treatment from individuals in training and to the review of my patient record by same.
- 7. IDO/DO NOT (circle one) authorize the administration of transfusions of whole blood or blood products to me as may be deemed advisable by the anesthesiologist, my attending physician and/or his associates or assistants. I understand that despite the exercise of due care the transfusion of blood or blood products is always attended with the possibility of some ill effects such as the transmission of hepatitis, HIV, or certain other diseases, accidental immunization, or allergic reaction. I understand that in an emergency it may be necessary for the patient's well-being to use existing stocks of blood which may not include the most compatible blood types.
- 8. In the event of accidental exposure of my blood or bodily fluids to a physician, contractor or employee of the facility, I consent to testing for HIV and Hepatitis.
- 9. I understand that it is my responsibility and I have arranged for a responsible adult to drive me home and remain with me following my surgery. I acknowledge that I have been advised by facility personnel not to drive until the effects of any medications have worn off. I understand this to mean that I should not drive until the clay after my surgery/procedure or as directed by my physician.
- 10. I hereby consent to the presence of other person(s) for the sole purpose of observation and/or education. I understand that this individual(s) will not participate in the actual procedure.
- 11. I consent to the use of video-taping or photography that may be used for scientific or teaching purposes, and to the review of my medical record for bona fide medical healthcare research providing my name or identity is not revealed;
- 12. I release the facility from any responsibility for loss and/or damage to money, jewelry or other valuables I brought into the facility.
- 13. <u>I understand that if I am pregnant or there is any possibility I may be pregnant I must inform the facility immediately since the scheduled procedure could cause harm to my child or to myself.</u>
- 14. I am aware that my physician may have an ownership stake in the facility, and I acknowledge that I have the right to have the procedure performed elsewhere.15. I understand that in the rare event that hospitalization is required during or immediately after surgery, my physician will arrange for my
- transfer to a local hospital.

 16. I have not eaten or taken fluids, not even water, since DATE______ TIME_____ AM / PM except for a sip of water taken with medication
- as instructed by my physician.

 17. My signature below constitutes my acknowledgement that (1) I have read or have had read to me the foregoing, and I agree to it; (2) the
- 17. My signature below constitutes my acknowledgement that (1) I have read or have had read to me the foregoing, and I agree to it; (2) the procedure(s) has been adequately explained by my physician; (3) I authorize and consent to the performance of the procedure(s) and any additional procedure(s) deemed advisable by my physician in his or her professional judgment; (4) I authorize and consent to the administration of anesthesia for the said procedure(s).
- 18. I am aware of the Surgery Center of Ft. Collins' Privacy Notice. _____ (Initial
- 19. If I am not the patient, I represent that I have the authority of the patient who, because of age or other legal disability, is unable to consent to the matters above. I wave full right to consent to the matters above, and I consent to the same; (b) I hereby indemnify and hold harmless the facility, its employees, agents and medical staff partners and affiliates from any cost or liability arising out-of my lack of adequate authority to give this consent.

PATIENT	DATE	WITNESS	DATE
GUARANTOR	DATE	RELATIONSHIP TO PATIENT	