MEDICAL RECORD

REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

		A. IDENTIFICATION
1a. (Check all applic	able boxes)	1b. DESCRIBE
OPERATION OR PROCEDURE	SEDATION	
ANESTHESIA	TRANSFUSION	
•	·	B. STATEMENT OF REQUEST
have been fully explained to me. I	acknowledge that no	ossible alternative methods of treatment, the risks involved, and the possibility of complications guarantees have been made to me concerning the results of the operation or procedure. I describe operation or procedure in layman's language)
which is to be performed by or unde	r the direction of Dr.	
3. I request the performance of the a	 above-named operation	or procedure and of such additional operations or procedures as are found to be necessary or low-named medical facility, during the course of the above-named operation or procedure.
 I request the administration of suc named medical facility. 	ch anesthesia as may be	e considered necessary or advisable in the judgment of the professional staff of the below-
5. Exceptions to surgery or anesthes	sia, if any are:	
		(If "none", so state)
6. I request the disposal by authoritie	es of the below-named i	medical facility of any tissues or parts which it may be necessary to remove.
		of this operation, and that they may be viewed by various personnel undergoing training or g of such pictures and observation of the operation by authorized personnel, subject to the
a. The name of the patient and h	nis/her family is not used	d to identify said pictures.
b. Said pictures be used only for	-	
		ut any parts above which are not appropriate)
	(0.033.0	C. SIGNATURES
(Appropriate items i	n parts A and B must be completed before signing)
8. COUNSELING PHYSICIAN/DEN	ITIST: I have counsele	ed this patient as to the nature of the proposed procedure(s), attendant risks involved, and ed potential problems related to recuperation, possible results of non-treatment, and significant
		(Signature of Counseling Physician/Dentist)
	f ()	
 PATIENT: Lunderstand the nature such procedure(s) be performed. 	e of the proposed proce	dure(s), attendant risks involved, and expected results, as described above, and hereby request
(Signature of Witness, excluding member	rs of operating team)	(Signature of Patient) (Date and Time)
10. SPONSOR OR GUARDIAN: (W	/hen patient is a minor c	or unable to give consent)
sponsor/guardian of	-	understand the nature of the proposed procedure(s), attendant risks involved, and
expected results, as described abov	e, and hereby request s	such procedure(s) be performed.
Signature of Witness, excluding member		(Signature of Sponsor/Legal Guardian) (Date and Time)

PATIENT'S IDENTIFICATION (For typed or written entries, give: Name -- last, first, middle; ID no. (SSN or other);

hospital or medical facility)

REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

REGISTER NO.

Medical Record

WARD NO.