

Surgery: I request the following surgery from my surgeon and who she/he may select as an assistant. I know that no promise has been made as to the results of the surgery and that it may not cure the condition.

1.

Surgery: _____

2. **Anesthesia:** Patients may react differently to medications. Because of this and the anxiety of the surgery, sudden responses may occur under anesthesia and result in artificial ventilation, coma, or death. I agree to the use of anesthesia that is necessary by the person responsible for these services.
3. **Additional Surgery:** I allow additional procedures by my surgeon, during the above-named surgery, which may be necessary.
4. **Problems:** This consent is given with the understanding that surgery involves risk. The more common risks include problems with joint motion, infection, bleeding, nerve injury, blood clots, heart attack, allergic reactions, pneumonia, and poor outcome of the surgery.
5. **Observers:** May be present in the operating room and include people who are not health care providers, such as medical salespersons and medical students. You will be informed of this before surgery.
6. **Educational Center:** Eastside Surgery Center provides medical education. Resident surgeons and students may work with your surgeon as a part of your healthcare team and participate in your care.
7. **Photography/video recording:** I agree to the taking of pictures or a video recording of my body for medical, scientific, or educational purposes, given my identity is protected.
8. **Specimens:** I agree to the exam and disposal of any tissue specimen which may be removed by my surgeon.
9. **Nothing by Mouth:** I have had nothing by mouth to eat or drink for the time instructed.
10. **Informed Consent to Surgery:** Your signature on this form is proof that:
 - 1) You have read and understand the information in this form;
 - 2) Your surgeon has explained to you the surgery, along with the risks, benefits, alternatives, and other information listed above in this form;
 - 3) You have had the chance to ask your surgeon questions;
 - 4) You have received information about the surgery; and
 - 5) You agree to the surgery.
10. **Blood Test:** I agree to the testing of my blood if an individual is exposed to my body fluids. The results of these tests will remain confidential, unless required by law.
11. **Pregnancy Test:** If there is any chance that I might be pregnant, I will allow a urine pregnancy test to be done before my surgery.
12. **Peer Review:** I agree to peer review of my medical record to measure the quality of my medical care.
13. **Discharge Instructions:** The adult(s) with me today can be present during my discharge instructions, which may contain a discussion of my private health information. _____ Patient Initials

Patient/Legal Guardian	Date and Time	Relationship

If other than patient, state reason why	Witness	Date/Time

Surgeon	Date/Time