Hematology Oncology
associates pc
physicians and surgeons

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Med Rec #:_____
Name:_____
Birthdate: _____ Age_____
Phone (H) _____ (W) _____
PCP_____

CONSENT TO PROCEDURE

_____ has explained to me in a way that I understand:
(name of physician)

1. The general treatment or procedure to be undertaken: _____

_____

2. There may be other procedures or methods of treatment, and
3. There are risks to the procedure or treatment proposed.

SIGN IN ONE BOX ONLY:

My physician has also asked if I want a more detailed explanation; but I am satisfied with the explanation and do not want any more information. I give my permission and consent to the treatment or procedure for the patient named above.

_____ _____
DATE TIME PATIENT / RESPONSIBLE PARTY

I requested and received, in substantial detail, further explanation of the procedure or treatment, other alternative procedures or methods of treatment and information about the material risks of the procedure or treatment. I give my permission and consent to the procedure or treatment for the patient named above.

_____ _____
DATE TIME PATIENT / RESPONSIBLE PARTY

INITIAL EACH OF THE FOLLOWING ADDITIONAL STATEMENTS TO WHICH YOU CONSENT:

_____ I consent to the use of anesthetics, as appropriate. I understand that anesthesia involves some risks to the patient even though done in a careful manner.

_____ If unforeseen conditions require additional procedures and it is not reasonably practical to obtain my consent, I authorize my physician to proceed as my physician considers advisable and in my best interest.

_____ I also consent to pathology services, laboratory services, radiology services, prescription drugs or other medications as ordered by my physician to deal with any complications that might occur. I authorize Hematology Oncology Associates PC to dispose of any tissues which may be removed.

_____ If an emergency or complications should arise, I consent to the administration of blood or blood products as ordered by my physician.

_____ _____
DATE TIME PATIENT / RESPONSIBLE PARTY