MNH Surgical Center

Consent : Operative / Invasive Procedures **Pt Name** :_____
Anesthesia / Other Medical devices **Date** : _____

---

1. I authorize the performance upon _____ The procedure which has
(myself or name of patient)
been explained to me as :_____ to be performed under the

direction of Dr : _____ . I consent to the performance of the above procedure , and possibly other procedures in addition to or different from , those now contemplated ,whether or not arising from presently unforeseen conditions ,which the above named doctor , or his assistant or associate , may consider necessary or advisable in the course of the procedure.
The nature and the purpose of the above procedure , possible alternative methods of treatment ,the risks involved , and the possibility of complications have been fully explained to me by my doctor .Possible complications are : Bleeding , Perforation , Infection , Missed Lesions , Adverse medication reaction .
No guarantee or assurance has been given to anyone until results may be obtained.

2. I consent to the **administration of Conscious Sedation (Anesthesia)** , as may be considered necessary or advisable by the physician responsible for this service . The risks, benefits, and alternatives in relation to anesthesia care , have been explained to me , and I understand them . Possible Complications are : Over-sedation .
(During GI diagnostic procedures , only conscious sedation is used , patients are monitored by skilled nurses throughout the procedure . Anesthesia can be easily reversed with medication if deemed necessary).

3. I consent to the **disposal , by the facility , of any tissue or parts** , which may be removed and / or sent to the pathology lab for examination .

4. I consent to the use of **Medical Photography** during the diagnostic procedure(s) , for the purpose of record keeping , production of medical reports , or further consultation if needed .

5. I consent to the **administration of blood or blood products** (Only if absolutely needed), and have received information and understand the risks , benefits , potential complications , and any alternative options. Possible complication is : Transfusion reaction. **(Blood administration is not a usual or routine procedure , but MNH surgical center has a policy in place to deal with transfusion reactions if the need arises)**

Signed : _____ Date : _____
(Patient or Guardian)
Witness I : _____ Witness II : _____

Indications , Risks , Benefits , Alternatives , and possible complications were explained and procedure authorized through informed consent.

Physician Signature _____ Date : _____