SURGICAL INFORMED CONSENT FORM
CONSENT UPON ADMISSION FOR TREATMENT

I, **PATIENT NAME,** voluntarily consent to the following medical procedure(s):

PROCEDURE_____

Doctor and Facility. The procedure will be performed by my Treating Doctor, **Dr. SURGEON NAME** at **Woodcrest Surgery Center.** I also understand **Woodcrest Surgery Center** is providing the equipment, technical support and clinical staff to be used in performing this procedure.

Basis of Consent. I give this voluntary consent to undergo the procedure noted above. My Treating Doctor has explained to me that this procedure is not medically necessary. I have discussed with my Treating Doctor my general medical condition and allergies and I have informed my Treating Doctor about any medication (including prescription and over-the-counters medications) that I am currently taking. My Treating Doctor has fully explained the following:

- the nature and purpose of the procedure,
- the material risks of the procedure,
- the benefits from the procedure,
- the possibility of complications during the procedure,
- the alternative treatments and procedures available, and
- the consequences of refusing the procedure.

I know that I may make requests for additional information about any of the above issues prior to the commencement of the procedure. I also know medicine and surgery are not exact sciences and that no guarantees can be made concerning the results of the procedure.

Consent for Additional Procedures. I also give voluntary consent for any necessary routine diagnostic procedures and medical treatment performed by my Treating Doctor as part of the above medical procedure. I also consent to the performance of other unforeseen operations or procedures if my Treating Doctor determines they are required. Such a situation may arise, for example, if the procedure or surgery discussed above discloses a previously unknown condition and my Treating Doctor determines, based on medical judgment, the unforeseen operation or procedure is reasonably necessary to improve or maintain my health. I also understand other necessary medical professionals, designated by my Treating Doctor, may also participate in my procedure.

Educational Use Authority. I give permission for medical data concerning my procedure and subsequent treatment to be used in clinical teaching by the Treating Doctor and others participating in my procedure and give permission to the photographing, videotaping or televising of my surgery for teaching purposes, provided my identity is not revealed by the pictures or descriptive text accompanying them. For the purpose of advancing medical education, I consent to the admittance of observers approved by the Facility's Director in the operating room. Under supervision of my Treating Doctor, I authorize clinical coaching of personnel in relation to my patient care.

Disposal of Medical Tissue. I consent to the disposal of any tissue removed during the procedure in accordance with customary practices.

Anesthesia. I understand that certain risks attend all anesthetics and medications. My Treating Doctor has explained to me that this procedure will be conducted while I am under one of the following types of Anesthesia (Check One):

☐ **General Anesthesia** (medicine administered to render the patient unconscious)

☒ **Monitored Anesthesia** (sometimes referred to as "conscious sedation" in which the patient is conscious but fully sedated)

☐ **Regional Anesthesia** (numbing of a large portion of the body often through injection of medicine)

☐ **Local Anesthesia** (medicine given to temporarily stop the sensation of pain in a small, particular area of the body)

☐ **Topical Anesthesia** (commonly administered through eye drops or cream applied to the skin)

My Treating Doctor also has explained to me the risks and benefits of this type of anesthesia as well as the alternatives to receiving the recommended anesthesia. I also met with an anesthesia specialist, either an anesthesiologist or Certified Registered Nurse Anesthetist (CRNA), who also explained the risks, benefits, and alternatives to this type of anesthesia. I consent to the administration and performance of such anesthesia, and the administration of other necessary or advisable medications, under the direction of the physician or CRNA who is responsible for this service. I understand the anesthesiologist or CRNA performing the anesthesia services has been granted privileges to provide these services at **Woodcrest Surgery Center,** but is not an employee of NovaMed or any affiliates.

Transportation and Care After the Procedure. I understand that it is my responsibility and I have arranged for a responsible adult to drive me home and provide assistance following my surgery. I acknowledge that I have been advised not to drive until the effects of any medications have worn off. I understand this to mean that I should not drive until the day after my procedure or as directed by my Treating Doctor.

Additional Testing of Blood. In the event someone associated with my procedure becomes accidentally exposed to my blood or bodily fluids – such as in the case of an accidental needle stick or direct contact with their skin or mucous membrane with my blood or bodily fluids – I consent to the testing of my blood for blood-borne pathogens, including HIV and Hepatitis.

Personal Effects. I release **Woodcrest Surgery Center** from any responsibility for loss or damage to money, jewelry, or other personal effects that I bring into **Woodcrest Surgery Center.**

Advance Directives. I understand that advance directives are not honored at **Woodcrest Surgery Center** and that in the event of an emergency or life threatening situation, advance cardiac life support procedures will be instituted in every instance and patients will be transferred to a higher level of care.

I CERTIFY, I have read and fully understand the above information, that the procedure has been fully explained by my Treating Doctor, and I authorize and consent to the performance of the procedure.

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Patient Signature

_____ _____/_____

Witness Signature **DATE** **TIME**