

Informed Consent for Operations Anesthetics, Diagnostic and Therapeutic Procedures

1. I, _____ authorize and consent to the performance of the following operation(s) and or procedure(s):

Procedure name _____ with/without Fluoroscopic Guidance

To be performed by Dr. (s) Dr. Ednan Sheikh Dr. Emran Sheikh Dr. Renata Weber

2. It has been explained to me that during the operation(s) or procedure(s) unforeseen conditions may be revealed which necessitate, an extension of the original operation(s) or procedures(s), or different operation(s) or procedure(s) than those set forth in paragraph one. I therefore consent and request that the above named physician(s) perform such operation(s) and/or procedure(s) that he/she considers necessary or advisable. The authority granted under this paragraph shall extend to remedying all conditions requiring treatment.
3. Anyone taking blood thinners such as Heparin, Coumadin, Lovenox, Plavix, Ticlid, Aspirin or NSAID should **NOT** have epidural injection until it is established that taking them off those medications are both safe and that their blood is no longer thinned.(e.g. the PT and PTT values are within normal levels).
4. The proposed anesthetic(s), if any alternative anesthetic(s), if any sedatives, if any and the risks and possible discomforts associated with them have been explained to me, including nausea and vomiting, loss of protective reflexes such as swallowing, decreased respiratory rate, dizziness, IV infiltration or phlebitis at the IV site, respiratory arrest, cardiac arrest, allergic reaction, and/or possibly even death. I consent to the administration of such anesthetics.
5. The nature and purpose of the proposed operation(s) and/or procedure(s) attendant risk and possible discomforts involved other methods of treatment and the possibility of complications such as post-procedural puncture headache, fever, swelling at the injection site, infection, increased pain and numbness have been explained to my satisfaction.
6. I am aware that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees have been given by anyone as the the results that may be obtained by the proposed operation(s) and/or procedure(s).
7. For the purpose of advancing medical education, I consent to the admittance of observers to the operating and/or procedure room.

Do you have Diabetes? Yes _____ No _____

I certify that I have read and fully understand this consent form, that the explanations referred to were made, that I have no further questions about the treatment to be given, and that all blanks or statements requiring insertion or completion were filled in or stricken before I signed.

Patients Signature: _____
Patient Name: _____
Date: _____

Witness Signature: _____
Witness Name: _____
Date: _____

Physician's Confirmation of Informed Consent

I certify that I have explained to the patient (or legally responsible agent) his/her condition, the proposed operation(s) and/or procedures(s), attendant risks and/or possible discomforts involved, other methods of treatment, and the possibility of complications. I also certify that the procedure was verified, the site was identified and consent was reviewed immediately prior to performing the procedure. I also reviewed history and physical examination with the patient and noted the changes, if any, on the procedure record in the electronic medical record system.

Physician Signature _____ **Date** _____