

Patient Label

Informed Consent for Surgical/Medical Procedures

Physician Declaration: I have explained the operation/procedure/treatment noted below, including the risks, anticipated benefits and alternatives pertinent to this operation /procedure/treatment. All questions were answered and the patient consents to the procedure.

Print Physician Name: _____

Physician Signature: _____ Date: _____ Time: _____

Procedure Name: *(Physician to complete or enter order for nursing to complete section with name of exact procedure)*

I give permission to: _____, associates, assistants and/or assigned hospital staff, to perform the following procedure(s):

Patient Information: I acknowledge that I have read and understand the information provided on this form and have had the opportunity to ask questions. By my signature below, I confirm that:

1. I understand that the physicians caring for me are not agents or employees of the hospital, but are independent contractors of the hospital. The hospital maintains personnel and facilities to assist doctors in the performance of surgery/procedure.
2. I understand I have the right to be informed of any independent medical research or significant economic interests my physician may have related to the performance of the proposed operation or procedure.
3. I have been provided an explanation of the nature of the operation/procedure, the anticipated benefits, likelihood of treatment achieving my goals, the risks, side effects, and potential problems related to recuperation. The alternatives, the risks and benefits of these alternatives and the risks of having no treatment have also been explained to me.
4. I understand that in an emergency there may be different or further procedures required if the doctor believes they are necessary, and I consent to such procedures.
5. I understand that any operation or procedure may involve the risk of an unsuccessful result or complication, including but not limited to bleeding, infection, nerve/nervous system damage, injury to organs/structures or even death from both known and unforeseen causes. I understand that good results are expected, however there is no guarantee as to the result of the procedure.
6. I understand that the administration of anesthesia and/or sedation and associated procedures may be necessary to assure safety and comfort during the procedure. I understand that there are risks associated with the use of anesthesia and/or sedation, and that the appropriate practitioner will discuss these risks with me prior to the procedure.
7. In addition to caring for patients, El Camino Hospital participates in offering education to healthcare providers. As part of the medical education and training program, postgraduate

