

**CONSENT TO OPERATIVE / INVASIVE /
 DIAGNOSTIC PROCEDURES, ANESTHESIA /
 SEDATION / ANALGESIA**

1. Permission.

I hereby authorize Dr. _____ and his/her associates or assistants who are _____ at _____ (the "Hospital") to perform the following operation(s) and/or diagnostic procedure(s), and/or course of treatment(s): (procedures to be written both in medical terminology and in terms that the patient can understand).

including such photographing, videotaping, televising or other methods of visually recording the procedure(s) as may be purposeful for the advancement of medical knowledge and/or education, with the understanding that my (the patient's) identity will remain anonymous.

2. Explanation of procedure(s), risks, benefits and alternatives.

Dr. _____ has fully explained to me the nature and purpose of the operation(s)/procedure(s) and has also informed me of expected benefits and complications (from known causes), attendant discomforts and the risks that may arise, as well as possible alternative methods of diagnosis and/or treatment to the proposed procedure(s), including no treatment. I have been given an opportunity to ask questions, and all my questions have been answered fully and satisfactorily.

- 3. Anesthesia.** I further understand that anesthetics, sedatives or analgesics as may be considered necessary and the type will be explained to me along with the risks, benefits and alternatives by the Anesthesiologist prior to the surgery. **Appended is a list of anesthesiologists who are on the Hospital's Medical Staff.**
- 4.** I further consent to the administration of blood or blood products as may be considered necessary. I recognize that there are always risks to health associated with the administration of blood or blood products and such risks have been fully explained to me.
- 5. Refusal of Blood Products.** I refuse transfusion of packed red cells, platelets, plasma or white blood cells even if such refusal will result in my death.

(Patient's signature)

- 6. Specimens.** Any organs or tissues surgically removed may be examined and retained by the Hospital for medical, scientific or educational purposes and such tissues or parts may be disposed of in accordance with customary practices and applicable State laws and regulations.
- 7. Understanding of this form.** I confirm that I have read this form, fully understand its contents, and that all the blank spaces above have been completed prior to my signing. I acknowledge that no guarantees or assurances have been made to me concerning the results intended from the procedure(s) described above.

Patient/Agent/Relative/Guardian* Signature Date

Print Name Relationship if other than patient

Interpreter Signature (if present in person) Date

Print Interpreter Name or Telephonic Interpreter's ID

Witness to signature (Signature) Date

Print Name

* The signature of the patient must be obtained unless the patient is an unemancipated minor under the age of 18 or is otherwise incapable of signing.

Responsible Practitioner's Certification. I hereby certify that I have explained the nature, purpose, benefits, complications from, risks of, and alternatives (including no treatment and attendant risks), to the proposed procedure/operation, have offered to answer any questions and have fully answered all such questions. I believe that the patient/agent/relative/guardian fully understands what I have explained and answered. I certify that the procedure described in the permission section of this form is accurate. In the event that I was not present when the patient signed this form, I understand that the form is only documentation that the informed consent process took place. I remain responsible for having obtained the consent from the patient. If applicable, I certify that outside pathology slides have been reviewed by the Hospital's Pathology Department.

Responsible Practitioner's Signature Date

Print Responsible Practitioner's Name

SURGICAL DO NOT RESUSCITATE (DNR) CLARIFICATION FORM

Check One Only:

1. This patient desires that the DNR directives already in place pre-procedure be followed in the Operating / Procedure / Recovery areas, if, in the assessment and judgment of the attending surgeon and anesthesia care provider, if applicable, any clinical condition presents that in all likelihood is probably going to be irreversible. However, in the assessment and judgment of the attending physician and anesthesia care provider, if applicable, temporary and reversible events which may arise are to be treated with resuscitative measures. Add specifications if necessary:

or

2. This patient desires that all resuscitative efforts be employed in the Operating / Procedure / Recovery areas in all clinical situations as they arise.

or

3. This patient desires that the DNR directives already in place pre-operatively remain in effect during all clinical situations, including those that may occur while in the Operating / Procedure / Recovery areas, regardless of cause.

Signature of Patient, Surrogate or Agent

Date / Time

Signature of Attending Physician

Date / Time

Signature of Witness

Date / Time

ANESTHESIA ATTENDINGS

Anderson, Dale, MD	Giuca, Matthew, MD	Lessen, Ronald, MD	Saldana-Ferretti, Beatrice, MD
Bartoc, Cristian, MD	Glatt, David, MD	Liao, Andrew, MD	Sceppa, Ed, MD
Bartolotta, Sandy, DO	Goradia, Meera, MD	Lyubarskaya, Sophia, MD	Schiff, Gerald, MD
Berger, David, MD	Grieco, Richard, MD	Mantena, Raju, MD	Singer, Jonathan, MD
Bloom, Karen, MD	Hammerschlag, Bruce, MD	Markowitz, Avraham, MD	Stadnyk, Irene, MD
Brady, John, MD	Harkey, Davina, MD	Merola, Craig, MD	Stamatos, John, MD
Busillo, Lisa, MD	Heller, Haren, MD	Meyers, Michael, MD	Stein, Steven, MD
Campese, Christopher, MD	Herling, Steve, DO	Militana, Charles, MD	Strobel, Alan, MD
Cantele, Jeffrey, MD	Hersch, David, MD	Miller, Martin, MD	Stuart-King, Heather, MD
Carras, Doug, MD	Hirsch, Jonathan, MD	Milman, Bernard, MD	Sudan, Nalin, MD
Carras, Nick, MD	Hsiao, Leo, MD	Mullaev, Esaak, MD	Svoren, Edita, MD
Chang, Christopher, MD	Hussain, Shabina, MD	Nardi, Domninic, MD	Taff, Ross, MD
Chilicki, Andrew, MD	Iammatteo, John, MD	Neptune, Rudy, MD	Taitt-Wynter, Lisa, MD
Deesawala, Batul, MD	Jacob, James, MD	Newman, Sheldon, MD	Tomasello, Jessica, MD
Delbroccolo, Jennifer	Johnson, Stephen, MD	Oster, Jonathan, MD	Vitiello, Robert, MD
DiCapua, John, MD	Joshi, Sanjay, MD	Palleschi, Greg, MD	Waldman, Adam, MD
Dorce, Ketsia, MD	Jurmann, Ariel, MD	Palma, James, MD	Walker, Peter, MD
Dowd, Timothy, MD	Kechejian, Peter, MD	Passo, Seth, MD	Walsh, James, MD
Dumitrescu, Paul, MD	Keschner, Scott, MD	Penzi, Leo, MD	Weiss, Hallie, MD
Epstein, Paul, MD	Kibria, Mir, MD	Pesso, Raymond, MD	Winter, Lee, MD
Fabiano, Frederic, MD	Kim, Harold, MD	Prudente-Martocci, Maria, MD	Yang, David, MD
Faghhi, Fariba, MD	Kustera, Dave, MD	Rachleff, Alan, MD	Yarmush, Les, MD
Finn, Richard, MD	LaPorta, Robert, MD	Reddy, Pavanaja, MD	Younas, Baber, MD
Galea, Cristina, MD	Lederman, Debra, MD	Rosman, Edwin, MD	Zaretz, Wayne, DO
Gecui, Madalina, MD	Leiderman, Jonathan, MD	Rousseau, Reginald, MD	