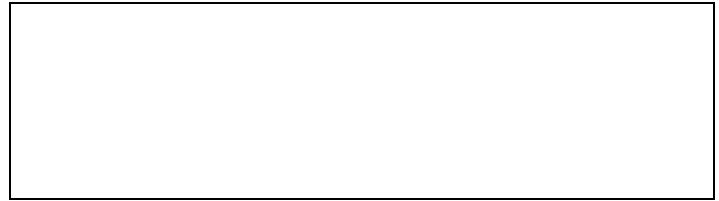


EMU
Surgical Center

Authorization for Surgery



1. I hear by authorize _____ and assistants of the surgeon's choice to perform upon myself the following procedure(s): _____

And if any unforeseen condition arises in the course of the operation calling in the surgeon's judgment for procedures in addition to or different from those new contemplated, I further request and authorize the surgeons and his/her assistants to do whatever he/she deems advisable.

2. I hereby authorize EMU Surgical Center, its medical and professional staff, employees, and agents to undertake the appropriate service and care necessary in conjunction with those procedures which I have authorized the above-named physician to undertake in his/her efforts to alleviate my said condition(s).

3. This procedure has been explained in terms understandable to me, which explanations has included:
- 1.) the nature and extend of the procedure to be performed;
 - 2.) risk involved, including those which, even though unlikely to occur, involve serious consequences;
 - 3.) the dangers and probable consequences of such alternatives (including no procedure or treatment);
 - 4.) the estimated period of incapacity and the estimated period of convalescence (assuming there are not complications);
 - 5.) the expected consequences of the procedure upon my future health.

4. I have also been informed that in the performance of any surgical procedure there are other risks, such as severe loss of blood, infection, cardiac arrest, etc., I acknowledge that no guarantees or assurance have been made to me concerning the results of the operation or procedure.

5. I acknowledge that I have, to the best of my ability, informed my surgeon _____, of all known allergies, unusual reactions to medications, radiopaque, and radioactive media, and anesthesia agents.

6. I consent to the administrative of such anesthetics as may be considered necessary or advisable by the physician responsible for this service.

7. The advantages and disadvantages of outpatient surgery have been explained to me. I realize that, following my operation; admission to a hospital might be advised.

8. Following surgery, I will have a responsible adult drive me home as per previous arrangements. I realize that impairment of full metal alertness may persist for up to 24 hours following administration of anesthesia and I will avoid making decisions, or taking part in activities, which depend upon full concentration or judgment during that period.

9. I consent to the admittance of qualified observers to the Operating, Treatment of Examining Room for the purpose of medical educations, provided my identity is protected.

10. I have been advised that I may have anesthesia, which in rare instances, has serious and even fatal consequences.

11. I have been afforded the opportunity to consult with other physician to my complete satisfaction before signing this form, and I understand that I have the right to refuse any medical and surgical procedures and treatment/

12. In the unlikely event that a healthcare professional at EMU Surgical Center is exposed to my blood, or bodily fluids during treatment, I understand that I consent to have my blood drawn for the presence of HIV and Hepatitis A, B & C Surface Antibody/Antigens.

13. In the unlikely event that I need to be transferred to a hospital at any time during my care at EMU Surgical Center, I consent to the release of my discharge summary to EMU Surgical Center once released from the transferring institution.

I certify that I have read and fully understand the above consent for this operation, that the explanations therein referred to were made clear and all blank or statements requiring insertion or completion were filled in and in applicable paragraphs, if any, were stricken before I signed.

Patient Signature or Legal Guardian

Date/Time

Witness

Date/Time

Interpreter (If Required)

Date/Time

Physician Signature

Date/Time