PHYSICIAN DOCUMENTATION OF INFORMED CONSENT FOR SURGERY/MEDICAL PROCEDURE(S)

Diagnosis(es) indicated need for operation/procedure(s): _____

Planned operation/procedure(s): _____

Physician documentation of informed consent ( )

_____

_____ _____

_____ _____

PATIENT CONSENT FOR SURGERY/MEDICAL PROCEDURE(S)

_____ _____

( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )

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_____ _____

Consent/Authorization for Procedure

Consent/Refusal/ Request/Release