



---

(name of physician) has explained to me in a way that I understand:

1. The general procedure or treatment to be undertaken:
2. There may be other procedures or methods of treatments; and
3. Specific risks for this procedure include the following:

## IDENTIFICATION OF PRACTITIONER(S) PERFORMING SIGNIFICANT SURGICAL TASKS

Name of patient:

Patient ID #:

Name of procedure(s):

Date of procedure:

Primary surgeon:

First assist:

The Centers for Medicare and Medicaid Services require that you be informed of the name of each practitioner(s) performing significant surgical tasks during your operation. "Significant surgical tasks" include, but are not limited to, opening and closing, harvesting grafts, dissecting tissue, removing tissue, implanting devices and altering tissues. If a resident physician will be performing any significant surgical tasks, only "resident" must be indicated, rather than the resident's name.

I have been informed that the following practitioner(s) will be performing the following significant surgical tasks:

I understand and agree that if the practitioner(s) named above is unable to perform or complete the task, a substitute practitioner may do so, and that this information will be recorded in my medical record. I understand that the practitioner(s) named above are not employees of agents of the hospital. They are independent contractors.

Signature:

Patient/Parent/Conservator/Guardian

Date:

Print name:

Patient/Parent/Conservator/Guardian

Time:

am/pm

If signed by other than patient, indicate name and relationship:

Witness:

Print name:

I, the undersigned physician, hereby certify that I have discussed with the patient, or the patient's legal representative,