

INFORMED CONSENT

1. I, [patient's name]: _____
 - a. Agree that I will have:

 - b. At Eagan Orthopedic Surgery Center
 - c. This will be done or supervised by Dr. _____
 - d. My doctor may have help from others. Help could include opening and closing the wound.
Help might also include taking grafts, cutting out tissue, implanting devices.
I have been told who will help, if known.
2. I have talked to my doctor or health care team about:
 - a. What the procedure is and what will happen.
 - b. How it may help me (the benefits or advantages).
 - c. How it might harm me (the most likely and most serious risks and possible complications).
 - d. The long-term effects the procedure might have.
 - e. My other choices for treatment. The risk and benefits of those choices (reasonable alternatives).
 - f. What will likely happen if I say "no" to this procedure.
 - g. How I might feel right after and how quickly I can expect to recover.
 - h. What medicines will be used to manage pain or sedate me.
3. I agree that: (if I do not agree with a statement, I have crossed it out and initialed next to it.)
 - a. I will ask questions.
 - b. No one has promised me definite results.
 - c. If it is best for me, my doctor may change the plan if they find serious problems during the procedure.
 - d. If I have "do not resuscitate" (DNR) wishes, they will be put on hold during the procedure.
 - e. Students and others, approved by Eagan Orthopedic Surgery Center, may watch the procedure and help with tasks they are qualified to perform.
 - f. There may be a medical device representative present during the procedure for technical support.
 - g. Pictures or video may be taken. They may be used for medical or educational reasons only.
 - h. Cutting or clipping hair from my body may be done as needed to perform the procedure.
 - i. Tissues or items removed from the body may be tested. They will be disposed of with respect.
Unless I agree, tissues will not be used for research or sold.
 - j. If a staff person is exposed to my blood or body fluids, my blood will be drawn and tested for HIV and hepatitis. The test results will go:
 - To me;
 - In my medical record;
 - To the exposed worker. This is to decide if treatment for the worker is needed;
 - To the Employee Health Services Department and/or Infection Control at this facility;
 - To Minnesota health officials.

CONSENT FORM FOR SURGERY OR INVASIVE PROCEDURE

INFORMED CONSENT

4. Anesthesia:

- a. I consent to the use of anesthesia prescribed or chosen by my doctor or other members of my medical care team. If I request an alternative type of anesthesia other than that chosen by my doctors, I understand that I am expected to consult with my anesthesiologist to discuss the options. I have read through and understand the "Consent for Anesthesia Services" document covering risks associated with anesthesia.
- b. Sometimes an anesthesia technique may not succeed completely and therefore another technique may have to be used for my comfort/safety.

5. I understand that:

- a. I can change my mind. If I do, I must tell my doctor or team before they start.
- b. The team members may change during the procedure.
- c. The team will double-check who I am. They will ask what I am having done. This is to protect me.

My questions have been answered. I agree to the procedure.

Patient (or representative) signature/relationship to patient

Date

Time

I have discussed the procedure and the information stated above with the patient (or patient's representative) and answered their questions. I have completed a pre-surgical assessment today to evaluate the risk of procedure to be performed including review of the most recently documented History and Physical Exam containing pre-existing medical conditions, appropriate test results and allergies to drugs and biologicals. The patient or their representative consented to the procedure.

Physician or Provider signature(s)

Date

Time

Interpreter name (if used)

Date

Time

I have verified that the signature is that of the patient or patient's representative. This form has been signed before the procedure.

Witness

Date

Time

☐ Check if telephone consent obtained (second witness required)

Witness

Date

Time

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