SUNY Downstate Medical Center | University Hospital of Brooklyn

CONSENT TO INVASIVE OR DIAGNOSTIC PROCEDURE WITH MODERATE SEDATION*

1. I agree to allow _____, who is a
(Certified Practitioner)

(Circle one): medical doctor, doctor of osteopathy, nurse practitioner, physician assistant, certified nurse midwife, or certified registered nurse anesthetist, to perform:

_____
Procedure /Type of Sedation

_____
Procedure /Type of Sedation

on _____.
"Me" or Patient's Name

2. The procedure & type of sedation, has been explained to me by _____.

3. In making my decision to have this procedure, I understand the risks and the possible benefits. I also understand the possible side effects and possible problems of the healing process.

4. I understand the alternatives to this procedure, and the risks and benefits of the alternatives. I also understand the risks and benefits of not having this procedure.

5. I understand that the procedure may not have the result I hope it will have.

6. In agreeing to have this procedure, I accept the risks, the side effects and the possible problems from the healing process that have been explained to me.

7. I understand that residents may perform important surgical tasks during this procedure and that medical students may also be involved, all under the supervision of the attending physician.

8. If something unexpected occurs during this procedure, I agree to treatment that the attending physician or a physician who is brought in by the attending physician thinks is necessary.

9. I agree to allow this hospital to keep, use or properly dispose of tissue that is removed during this procedure.

*** Not for use in the OR**

CONSENT TO INVASIVE OR DIAGNOSTIC PROCEDURE

WITH MODERATE SEDATION*

10. I have had enough time to discuss and think about the planned procedure and all of my questions have been answered. I have enough information to make an informed decision. I agree to this procedure.

Patient/Surrogate (print) _____ Signature _____ Relationship _____

Date _____ Time _____

WITNESS: ***I have witnessed the patient / surrogate sign this form.***

Witness's Name (print) _____ Signature _____ Date _____ Time _____

INTERPRETER:
I have interpreted truthfully and accurately to the best of my ability.

Interpreter's Name (print) _____ Signature _____ Date _____ Time _____

CERTIFIED PRACTITIONER'S STATEMENT

I have discussed with the patient/surrogate the relevant potential benefits, risks and side effects, possible problems related to recuperation, likelihood of achieving our goal, as well as the possible results of not having this procedure. Additionally, I have provided the patient/surrogate with the opportunity to ask questions, and I have answered all questions that were asked. I believe that he/she understands what we have discussed, and that he/she has given an informed consent.

Practitioner (print) _____ Signature _____ Date _____ Time _____

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