

# *Peachtree City Obstetrics and Gynecology, PC*

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Please use blue or black ink to complete form

## **CONSENT TO ROUTINE PROCEDURES & TREATMENTS**

During the course of my care and treatment, I understand that various types of tests and diagnostic procedures may be necessary. These procedures may be performed by physicians, nurses, medical assistants, and nurse practitioners.

While routinely performed without incident, there may be material risks associated with each of these procedures. I understand that it is not possible to list every risk for every procedure and that this form only attempts to identify the most common material risks and the alternatives (if any) associated with the procedures.

The procedures may include, but are not limited to the following:

- (1) **Needle Sticks**, such as injections or intravenous lines. The material risks associated with these types of procedures include but are not limited to, nerve damage, infection, infiltration (fluid leakage into surrounding tissue), or disfiguring scar. Alternatives to Needle Sticks include oral, rectal, nasal, or topical medications (each of which may be less effective) or refusal of treatment.
- (2) **Physical tests** such as vital signs, internal body examinations, wound cleansing, wound dressing, and other similar procedures. The material risks associated with these types of procedures include, but are not limited to allergic reactions, infection, loss of blood, nerve damage, disfiguring scar or worsening of the condition.
- (3) **Drawing Blood, Bodily Fluids or Tissue Samples** such as that done for laboratory testing and analysis. The material risks associated with this type of procedure include but are not limited to internal injuries, bleeding, and infection. Apart from long-term observation and/or refusal of treatment, no practical alternatives exist.
- (4) **Insertion of Internal Tubes** such as bladder catheterization. The material risks associated with these types of procedures include but are not limited to internal injuries, bleeding, infection, loss of bladder control and/or difficulty urinating after catheter is removed. Apart from external collection devices or refusal of treatment, no practical alternatives exist.

I understand that:

The practice of medicine is not an exact science and that **NO GUARANTEES OR ASSURANCES HAVE BEEN MADE TO ME** concerning the outcome and/or result of any procedures; The healthcare professionals participating in my care will rely on my documented medical history as well as information obtained from me, my family, or others having knowledge about me, in determining whether to perform or recommend the procedures; therefore, I agree to provide accurate and complete information about my medical history and conditions.

By signing the form:

I consent to healthcare professionals performing procedures as they may deem reasonably necessary or desirable for the exercise of their professional judgment **including procedures that may be unforeseen or not known to be needed at the time this consent is obtained**; and

I acknowledge that I have been informed in general terms of the nature and purpose of the procedures; the material risks of the procedures; and practical alternatives to the procedures.

If I have any questions or concerns regarding these procedures, I will ask my Physician or Nurse Practitioner to provide me with additional information. I also understand that I may be asked to sign additional informed consent documents.

Signature of Patient (or authorized person to sign): \_\_\_\_\_

Printed Name of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Reason Patient is unable to sign (if applicable): \_\_\_\_\_