

CONSENT FOR MEDICAL PROCEDURES

I consent to the performance upon _____ DOB _____

the following procedure _____

The purpose of this procedure is _____ and will be performed by _____

The nature and purpose of this procedure, the risks of the procedure and the possibility of complications have been explained to me. The possible results of non-treatment and alternatives to this proposed treatment has been explained to me. It has been explained to me the result that is expected and that the following are some of the complications or effects that could or may occur; bleeding, infection, damage to adjacent tissues or organs, swelling, pain, suture reaction, delayed healing, scarring, medication reaction, recurrence, and/or additional procedures.

- No guarantee or assurance has been given by anyone as to the results that may be obtained.
- I consent to the doctors performing whatever different or additional procedures they deem necessary or advisable during the course of the procedure.
- I have discussed my allergies with my physician and he/she is aware of them.
- I understand that I am encouraged and invited to ask any questions I may have and all of my questions have been answered to my satisfaction.
 - The correct procedure to be done was agreed upon by the patient or legal guardian, the clinical staff person and the physician.
 - Patient or legal guardian was asked to state the first and second identifiers (first and last name, DOB)
 - Correct side and site was verified by the patient or legal guardian and by the clinical staff / physician. _____

Clinical Staff Signature

I have read and understand what this form contains.

Signature of Patient Parent or Guardian if a Minor

Date

Provider's Signature

Printed Name of Parent or Guardian if a Minor

Date

Printed Name of Provider

Providing our communities with quality, affordable & accessible healthcare

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Bonnors Ferry, ID
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Ponderay

30410 Hwy. 200
Ponderay, ID
83852
208.265.6252

Priest River

6509 Hwy. 2
Priest River, ID
83856
208.448.2321

Sandpoint Pediatrics

420 N. 2nd Ave.
Sandpoint, ID
83864
208.265.2242

VA

420 N. 2nd Ave.
Sandpoint, ID
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Administration

301 Cedar St. Suite 206
Sandpoint, ID
83864
208.263.7101