



Premier Surgery Center of Pittsburgh • 14000 Perry Highway, Suite 100 • Wexford, PA 15090

CONSENT FOR SURGERY / PROCEDURE or TREATMENT

1. I hereby authorize \_\_\_\_\_ and such assistants as may be selected to perform the following procedure or treatment:

\_\_\_\_\_ and any other procedure as he/she may deem necessary or advisable, upon me.

- 2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.
4. I acknowledge that no guarantee or representation has been given by anyone as to the results that may be obtained.
5. I consent to be photographed or televised before, during, and after the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.
6. I am aware that manufacturer's representatives and other observers may be admitted to the operating or treatment room if approved by the physician.
7. I consent to the disposal of any tissue, medical devices or body parts which may be removed in accordance with the surgery center's accustomed practice and policy
8. I understand the living will not be honored in the operating room.
9. I authorize the release of my Social Security number and other personally identifying data to appropriate agencies for legal reporting and medical-device registration. I authorize Premier Surgery Center of Pittsburgh to furnish the responsible parties and/or insurance companies with full information regarding treatment rendered.
10. I understand that the surgeons' fees are separate from the anesthesia and Premier Surgery Center of Pittsburgh charges, and the fees are agreeable to me. If a secondary procedure is necessary, further expenditure will be required.
11. I realize that not having the operation is an option.
12. I am aware that my physician does/does not have ownership interest in Premier Surgery Center of Pittsburgh. If I choose to go to another health care facility for this procedure, it will have no effect on my relationship with my physician.
13. I release Premier Surgery Center of Pittsburgh from any responsibility for loss and/or damage to money, jewelry or other valuable brought into the Center.
14. In the event of an accidental exposure to my blood and/or bodily fluids by a health care provider, I consent to testing for infectious disease, including HBV, HIV and HCV at the expense of the center.
15. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I consent to the treatment or procedure and the above listed item (1-15). I am satisfied with the explanation

\_\_\_\_\_  
Patient, Guardian, or Proxy Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date/Time



*I certify that I have explained to the patient to the extent reasonable and consistent with currently acceptable standard of practice the need and nature of the procedure, consequences and common complications, hope for achievement and outcomes plus any pertinent alternative to the procedures. I have reviewed the History and Physical, examined the patient and feel the patient is a candidate for surgery and the planned surgery is indicated for an ambulatory surgery facility. The patient has no further questions and wishes to proceed.*

Physician's Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_