MEMORIAL HOSPITAL
1423 Seventh Street
Aurora NE 68818-1141
(402) 694-3171

CONSENT FOR PROCEDURE OR TREATMENT

1. I have been advised by the attending physician that I/or ______________________________________
(name of patient)
(am/is) in need of a diagnostic procedure or treatment.

2. I authorize and direct the following procedure to be performed upon me/or
____________________________, by Dr.____
(name of patient)
and/or his designated assistants and to do any other procedure that may be deemed necessary during the procedure or treatment.

3. Procedure or Treatment: ____ on ____________.
(Date)

4. I authorize the Administration of such drugs, anesthetics, or agents deemed advisable, and I have been made aware of and understand the risks and consequences that are associated therewith.

5. The nature and purpose of the operation(s), procedure(s) or treatment(s) have been explained to me by the physician(s) and no guarantees or assurance has been made as to the results that may be obtained. I have been advised that these surgical operations and special diagnostic or therapeutic procedures all involve risks or serious complications from both known and unknown causes. I understand that, except in cases of emergency or exceptional circumstances, these operations and procedures are not performed unless the patient has had an opportunity to discuss them with his physician. Each patient has the right to consent or refuse to consent to any proposed operation, procedure, or test.

6. I understand that human tissues or fluids may be removed as a necessary part of this procedure. I authorize the hospital to return, preserve, or use for diagnostic purposes, or dispose of, in accordance with hospital policy, any tissues or specimens removed.

______________________	______________________	______________________
Signature of Patient	Signature of Closest Relative or Legal Guardian if Patient is a Minor or Incompetent	Relationship to Patient

______________________	______________________	______________________
Signature of Witness	Date	Time

Revised: 10/23/2003