



MR#  
 LW Acct#  
 Name

## Pre and Post Procedure Documentation

*Complete or Imprint with Address-O-Plate*

### Informed Consent

Please check the appropriate box

- Prior to this operation/procedure, I discussed with the patient/guardian including reasonable expectations regarding a beneficial outcome and alternative treatments. We also discussed the general and necessary risks and complications of the operation/procedure and the possible need for and the risk of blood or blood products and available alternatives. The patient/guardian has had all questions answered pertaining to this procedure. As a result, I believe that the patient/guardian understands the general necessary risks and potential benefits of this treatment and available alternatives and agrees to services.
- This is an emergency procedure. Patient was unable to give informed consent.

### History and Physical Confirmation

Please check the appropriate box

- I have reviewed the History and Physical and there have been no changes in the patient's condition.
- I have reviewed the History and Physical and have noted the following changes in the patient's condition:

\_\_\_\_\_

\_\_\_\_\_

- Diagnostic testing results reviewed
- Patient Ready for Procedure

Attending Physician Signature (Pre-Procedure) \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 (Must be within 24 hours pre-procedure)

### Post-Procedure Operative Note

To be completed immediately post-op

Date	Time	
Pre-Procedure Diagnosis		
Post-Procedure Diagnosis		
Procedures (s)		
Attending Physician		Assistant Physician
Type of Anesthesia		
IV Fluids		Estimated Blood Loss
Drains		
Specimen (s)		
Disposition of Specimens: <input type="checkbox"/> Disposal <input type="checkbox"/> Pathology <input type="checkbox"/> Microbiology <input type="checkbox"/> Cytology <input type="checkbox"/> Other _____		
Findings		
Complications		
Patient Status		
Physician Signature		

**BINDING MARGIN - Do Not Write or Print in this Area**