Medical Consent Form

Patient information	
First name: Mary	**Last name:** Smith
Date of birth: March 8, 1961	**Patient identifier (if known):** ABC123
Interpreter required? ◯ Yes ◉ No	
Gender: ◯ Male ◉ Female ◯ Non-binary	

Referring physician

Your doctor, Dr. John Fitzsimmons, has recommended the following treatment(s)/procedure(s):

Sentinel lymph node biopsy for staging of primary breast cancer.

I understand the following condition(s) is/are indicated in my case:

Breast carcinoma

The following risks/complications have been discussed with me by Dr. John Fitzsimmons:

- Tissue swelling, allergic reaction to dye, infection of biopsy site, numbness, bruising, pain at surgical site
- False negative biopsy result

Clinician name: Dr. Fitzsimmons	
Clinician signature: xxxxxxxxxxxxxxxxxx	**Clinical designation:** Breast surgeon

Authorization and consent

I acknowledge that:

1. The doctor has explained my treatment options as well as the risks of not undergoing the procedure.
2. The doctor has explained any significant risks/problems associated with the procedure and specific to me, as well as the likely outcomes if complications arise.
3. I have had the opportunity to ask any questions about the procedure/treatment named above, alternative options, possible outcomes, risks, and hazards involved with the proceeding and I believe I have the information I need to give my informed consent.
4. No guarantee has been made to me as the outcome of this procedure, and it is possible that the proceeding may not work or may actually worsen my condition should complications arise.
5. Healthcare students may be involved in my care under appropriate supervision.
6. I have the right to have a chaperone present when I am with my provider.
7. In an emergency, my medical team will decide if other procedures are needed to save my life or prevent harm.
8. I authorize consent to the disposal of tissue necessarily removed as part of the procedure for diagnostic purposes.
9. I have considered and understood all of the procedural risks, benefits, and alternatives, and I consent to have this procedure.

Parent/legal guardian/attorney signature: xxxxxxxxxxxxxxxxxxxx

Interpreter signature (if required):

Date signed: November 24, 2024