

Bethesda Hospital East

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Boynton Beach, FL 33472
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CARDIOVASCULAR LABORATORY CONSENT

PATIENT:

I here by authorize Doctor(s)

to perform upon

the following procedure or operation:

The nature of my conditions, the purposes and techniques of the proposed procedure(s); and the risks have been explained to me by my physician. In addition, the physician has explained to me that there are alternative ways of treating my condition but I have chosen this procedure.

I understand that this procedure is done under local anesthesia. Small tubes (catheters) are placed into blood vessels of the groin by means of a small incision or vessel puncture with needles. The tube is then passed through the blood vessels until it enters and traverses the proper chambers of the heart. Through this catheter, I will receive x-ray contrast material for the purpose of enhancing the coronary arteries and coronary structures, for a more complete diagnostic and/or interventional study.

There are certain risks, hazards, complications and consequences associated with these procedures that may occur even when the procedure is performed flawlessly and with the greatest care. These risks or complications include fainting, very slow or fast heartbeat, infection, loss of blood requiring transfusion, tamponade, perforation of blood vessels, allergic reactions, blockage of a groin blood vessel requiring emergency surgical procedure to restore circulation, heart attack, heart failure, rarely loss of limb, stroke, brain death, blood clots or death. I understand and accept all such risks or complications.

I consent to the administration of moderate sedation. I understand that the expected result of moderate sedation is reduced anxiety and/or pain, partial or total amnesia. The drug is injected into the blood stream. I understand that the risks associated with moderate sedation are unconscious state and depressed breathing possibly requiring intubation.

Patient Name:		Patient#:	
MR#:		Attending Physician:	
Admission Date:		DOB:	
Gender:		Age:	

Although this procedure and its complications have been explained to me, I acknowledge that I have been given no guarantee against complications or assurance of success by the physician who has explained them. I know I have been given free choice to accept or reject any an/or all of the procedures to be performed on myself. In the event any complications should arise. I permit the above physicians to seek consultation with other specialists and permit the performance of any surgical or other procedures that may be required on an emergency basis to correct such complications.

I UNDERSTAND that no guarantees have been made to me that this operation will improve my condition.

Name: Date: Time:

(PATIENT SIGNATURE)

Patient is unable to sign because:

Name: Date: Time:

(If patient unable to sign, person authorized to sign.)

Name: Date: Time:

(Witness to Signature or Telephone Consent Only)

Name: Date: Time:

(Second Witness to Telephone Consent Only)

Interpreted By:

Date: Time:

(Interpreted By)

Patient Name:		Patient#:	
MR#:		Attending Physician:	
Admission Date:		DOB:	
Gender:		Age:	