

99W Urgent Care and Health Center

INFORMED CONSENT TO ROUTINE PROCEDURE/TREATMENTS

(1) I understand that Physicians rendering services 99W URGENT CARE AND HEALTH CENTER are either owners, employees or independent professionals engaged in the private practice of medicine ••

I acknowledge and understand that, during the course of my/my child's care and treatment, it is likely that various types of routine diagnostic and treatment procedures ("Procedures") may be utilized, which are considered necessary techniques for the ordinary care and treatment of my condition(s).

(2) While these types of Procedures are routinely performed in hospitals and doctors' offices without incident, there are certain risks associated with each of these Procedures.

(3) The physician or his/her associates or assistants are responsible for providing me with information about the Procedures and for answering all of my questions. It is not possible to enumerate each and every risk for every risk for every Procedure utilized in modern health care. However, physicians who practice medicine at 99W Urgent Care and Health Center have attempted to identify the most common Procedures, their associated risks and possible alternatives. If I have further questions or concerns regarding these Procedures, I agree to ask my/my child's physician to provide additional information.

(4) I further acknowledge and understand that my/my child's physician may ask me to provide a separate Informed Consent document to provide additional information.

(a) Needle Sticks, such as shots, injections or intravenous injections (IV's). The risks associated with these types of Procedures include, but are not limited to, nerve damage, causing tingling or burning, infection, swelling, bruising, infiltration (fluid leakage into surrounding tissue), skin sloughing, bleeding, clotting, allergic reactions or paralysis. Alternatives to Needle Sticks (if available) include oral, rectal, nasal, or topical medications (each of which may be less effective) or refusal of treatment

(b) Physical test and treatments, such as vital signs, internal body examinations, wound cleansing, wound dressing, range of motion checks, rehabilitation procedures, etc. which may be utilized in conjunction with diagnosis and treatment. The risks associated with these type of Procedures include, but are not limited to, reactions to the material(s) used, infection, bleeding, discomfort, muscular-skeletal or internal injuries, nerve damage, paralysis, bruising, worsening of the condition and/or re-injury. Apart from using modified procedures and/or refusal of treatment, no practical alternatives exist.

(c) Medications/drug therapy which may be utilized in the care and treatment of patients. The risks associated with these types of Procedures include, but are not limited to, food Drug-herbal interactions; allergic reactions; adverse reactions; drug dependency and both long-term and short-term side effects which vary from medication to medication. Apart from varying the medication prescribed and/or refusal of treatment, no practical alternatives exist.

(d) Repair of lacerations/cuts to tissues of the body. The risks associated with this type of Procedure include, but are not limited to, fluid discharging through the suture line which would require additional treatment, scarring as part of the normal healing process, the wound may heal and stretch as time goes on causing some disfigurement, wound may heal with a thick scar which may be discolored and painful, edges of the wound may not be in perfect alignment and may overlap. Apart from refusal of treatment, no practical alternatives exist.

I consent to and authorize the persons participating in and responsible for my/my child's care to utilize the Procedures, such as those set forth above, as they may deem reasonably necessary or desirable in the exercise of their professional judgment, including those Procedures that may be unforeseen or not known to be needed at the time this consent is obtained. This consent shall also extend to the treatment of all conditions which may arise during the course of such Procedures including those conditions which may be unknown or unforeseen at the time this consent is obtained.

By signing this form, I acknowledge and understand that I have been informed in general terms of the following:

- (a) The nature and purpose of the Procedures(s);
- (b) The material risks of the Procedure(s) and;
- (c) The practical alternatives to such Procedure(s).

If I have further questions or concerns regarding these Procedures, I agree to ask my/my child's physician to provide additional information.

I understand that the practice of medicine is not an exact science and that no guarantees or assurances have been made to me concerning the outcome and/or result of any Procedure(s).

I understand that the physician, medical personnel and other assistants participating in the patient's care will rely upon the patient's documented medical history, as well as other information obtained from the patient, the family or others having knowledge regarding the patient, in determining whether to perform the Procedure(s) or the course of treatment for my/the patient's condition and in recommending the Procedure.

BEFORE SIGNING YOU MUST READ THE FRONT & BACK OF THIS FORM

Signature of Adult/Parent/Legal Guardian

Print Name

Date

Relationship to Patient

Signature of Witness

Date