

- o Inpatient
- Outpatient

	Patient's Name:	DOB:
	Please read this form or have someone read it to you	
	It's important to understand all parts of this form. If something isn't clear, ask us to explain	
	• When you sign it, that means you understand the form and give us permission to do this surger	y or procedure
L	When you signify that means yet ansatz	
l agree	e for <u>Dr. Yousif</u> along with any assistants* they may choose, to treat the following cond elbow distal biceps rupture	ition(s):
By doi:	ng this surgery or procedure on me:elbow distal bicep tendon rupture repair	
•	I'd like a list of the assistants, please ask. We can give that to you.	
1.	The care provider has explained my condition to me. They have told me how the procedure can told me about other ways of treating my condition. I understand the care provider cannot guara the procedure. If I don't have this procedure, my other choices are: No surgery	help me. They have ntee the result of
2.	The care provider has told me the risks (problems that can happen) of the procedure. I understa unwanted results. The risks that are related to this procedure include: Bleeding, infection, ne	nd there may be erve, vessel injury,
	stiffness, persistent pain, need for future surgery, death, risks of anesthesia	au shaut bafara
3.	I understand that during the procedure, my care provider may find a condition that we didn't kn the treatment started. Therefore, I agree that my care provider can perform any other treatmen	t which they think
	is necessary and available.	
4.	I understand the care provider may remove tissue, body parts, or materials during this procedur may be used to help with my diagnosis and treatment. They might also be used for teaching pur research studies that I have separately agreed to participate in. Otherwise they will be disposed	poses or tor
	law.	
5.	My care provider might want a representative from a medical device company to be there during understand that person works for:Arthrex, Depuy Mitek, Smith & Nephew, Linvatec	g my procedure. I
	- X	
	The ways they might help my care provider during my procedure include:	
	Helping the operating room staff prepare the special device my care provider wants to use the special device my care provider wants are special device my care provider wants and the special device my care provider wants are special device my care provider wants and the special device my care provider wants are special device my care provider wants and the special device my care provider wants are provided which was the special device my care provider wants are provided which was the special device my care provided was the special dev	ise
	 Providing information and support to operating room staff regarding the device. 	
		nance
	Doing other things, including providing flatids-off field (describe).	
6.	Here are my decisions about receiving blood, blood products, or tissues. I understand my decisions	ons cover the time

before, during, and after my procedure, my treatment, and my time in the hospital. After my procedure, if my condition changes a lot, my care provider will talk with me again about receiving blood or blood products. At that time, my care provider might need me to review and sign another consent form, about getting or refusing blood.

I understand that the blood is from the community blood supply. Volunteers donated the blood. The volunteers were screened for health problems. The blood was examined with very sensitive and accurate tests to look for hepatitis, HIV/AIDS, and other diseases. Before I receive blood, it is tested again to make sure it is the correct type.

my care provider feels the good I will receive from the blood is greater than the chances of something going wrong. My care provider has answered my questions about blood products. Yes, I agree to receive blood or blood products if my care provider thinks they're needed My decision No, I do not agree to receive blood or blood products about blood or blood products Not applicable The following restrictions apply: __ Yes, I agree to receive tissue implants if my care provider thinks they're needed My decision No, I do not agree to receive tissue implants about tissue Not applicable implants The following restrictions apply: What I am having done and why I need it I understand this What other choices I can make instead of having this done form. The benefits and possible risks (problems) to me of having this done The benefits and possible risks (problems) to me of receiving transplants, blood, or My care provider or [his/her] blood products assistants have There is no guarantee of the results The care provider may not stay with me the entire time that I am in the operating or explained: procedure room. My provider has explained how this may affect my procedure. My provider has answered my questions about this I give my permission for Time My Signature this surgery or procedure Care provider's statement: I have discussed the planned procedure, including the possibility for transfusion of blood products or receipt of tissue as necessary; expected benefits; the possible complications and risks; and possible alternatives and their benefits and risks with the patient or patient's surrogate. In my opinion, the patient or the patient's surrogate understands the proposed procedure, its risks, benefits, and alternatives. Time Date Care Provider's Signature Printed name and title of care provider

My chances of getting a sickness from blood products are small. But no transfusion is 100% safe. I understand that