

- o Inpatient
- o 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 surgery or process. 	adura
	When you sign it, that means you diderstand the form and give as permission to do this saligery of proce	ennie
	•	
lagra	ee for Dr. Yousif along with any assistants* they may choose, to treat the following condition(s):	knee
meni	iscus cartilage synovium injury ACL Tear	
	oing this surgery or procedure on me: <u>knee arthroscopy debridement, repair, chondroplasty, synovec</u>	tomy as
indic	ated and Anterior Cruciate ligament reconstruction with autograft or allograft	
*H vo	ou'd like a list of the assistants, please ask. We can give that to you.	
n yo	a with a first of the assistance, prease ask we carrigive that to you.	
1	The care provider has explained my condition to me. They have told me how the procedure can help me. T	hey have
	told me about other ways of treating my condition. I understand the care provider cannot guarantee the re	esult of - ·
	the procedure. If I don't have this procedure, my other choices are:	
	no surgery	
2	The care provider has told me the risks (problems that can happen) of the procedure. I understand there m	ay be
	unwanted results. The risks that are related to this procedure include: Bleeding, infection, nerve, vesse	el injury,
	stiffness, persistent pain, need for future surgery, death, risks of anesthesia	
3.	I understand that during the procedure, my care provider may find a condition that we didn't know about b	efore
	the treatment started. Therefore, I agree that my care provider can perform any other treatment which the	y think
	is-necessary-and-available.	
4.	I understand the care provider may remove tissue, body parts, or materials during this procedure. These ma	iterials .
	may be used to help with my diagnosis and treatment. They might also be used for teaching purposes or for	
	research studies that I have separately agreed to participate in. Otherwise they will be disposed of as require	ed by
	law.	•
. 5.	My-care provider might want a representative from a medical device company to be there during my proced	lure. I
	understand that person works for: Arthrex, Depuy Mitek, Smith & Nephew, Linvatec	
	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 	
	 Providing information and support to operating room staff regarding the device. 	
	Doing other things, including providing hands-on help (describe): equipment maintenance	
6.	Here are my decisions about receiving blood, blood products, or tissues. I understand my decisions cover the	

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 do nated 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 provide	r has answered my questions about blood products.			
My decision	Yes, I agree to receive blood or blood products if my care provider thinks they re r	needed		
about blood or	☐ No, I do not agree to receive blood or blood products			
blood products	□ Not applicable			
	☐ The following restrictions apply:			
My decision	Yes, I agree to receive tissue implants if my care provider thinks they're needed			
about tissue	☐ No, I do not agree to receive tissue implants			
implants	☐ Not applicable			
v	The following restrictions apply:			
I understand this	What I am having done and why I need it			
form.	What other choices I can make instead of having this done			
•	The benefits and possible risks (problems) to me of having this done			
My care provider	 The benefits and possible risks (problems) to me of receiving transplants, blood, o 	Γ		
or [his/her]	blood products			
assistants have	There is no guarantee of the results			
explained:	ing said product may have a			
	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	My Signature Date Time			
this surgery or	INV AGRICUITE	•		
procedure				
•				
Care provider's stat	Care provider's statement: I have discussed the planned procedure, including the possibility for transfusion of b 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.				
pedemosaria				
Care Provider's Signature				
Printed name and title of care provider				
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My chances of getting a sickness from blood products are small. But no transfusion is 100% safe. I understand that my care provider feels the good I will receive from the blood is greater than the chances of something going wrong.