



iMedConsent™
Informed Consent Solution



**The iMedConsent™ Solution
by Dialog Medical:**

The Standard of Care
for Informed Consent

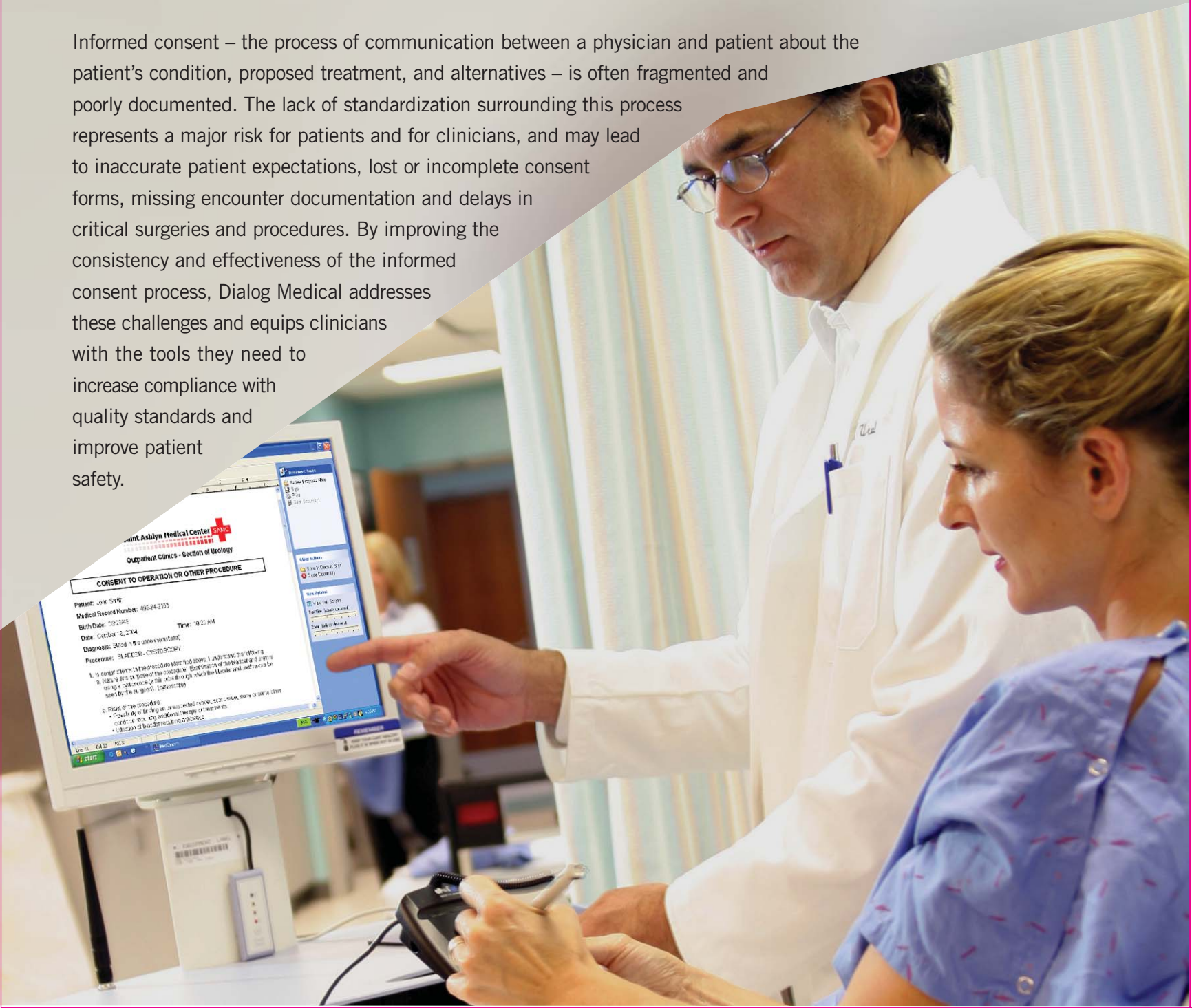


DialogMEDICAL

A **Leader** in Informed Consent Solutions

Dialog Medical's industry-leading iMedConsent application enhances the education, discussion and documentation associated with the informed consent process for physicians, ambulatory surgery centers and hospitals. The iMedConsent application is trusted by more than 10,000 clinicians to assist with educating and informing patients about conditions, diagnoses and treatments. This novel solution is integral to healthcare organizations' efforts to streamline internal practices, standardize communication across the enterprise and better document informed consent encounters.

Informed consent – the process of communication between a physician and patient about the patient's condition, proposed treatment, and alternatives – is often fragmented and poorly documented. The lack of standardization surrounding this process represents a major risk for patients and for clinicians, and may lead to inaccurate patient expectations, lost or incomplete consent forms, missing encounter documentation and delays in critical surgeries and procedures. By improving the consistency and effectiveness of the informed consent process, Dialog Medical addresses these challenges and equips clinicians with the tools they need to increase compliance with quality standards and improve patient safety.



MEDICAL RECORD
CONSENT FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

PAT: Patient, John Q.
549-21-7543 MFM
dob 01/28/1950

A. OPERATION OR PROCEDURE
1. Description of operation or procedure: *TRUS-Bx*

B. CONSENT
1. In conjunction with the procedure stated above, I understand the nature of the operation or procedure to be (Description of the operation or procedure in layman's language): *transrectal ultra sound of prostate*

2. Material risks of the procedure: DEATH, CARDIAC ARREST, STROKE, BRAIN DAMAGE, PARAPLEGIA OR QUADRIPLEGIA, PARALYSIS OR PARTIAL PARALYSIS, LOSS OF FUNCTION OF ANY LIMB OR ORGAN, SEVERE LOSS OF BLOOD, DISFIGURING SCAR, ALLERGIC REACTION AND INFECTION. Other risks of procedure are: *add'l to, bleeding, etc.*

3. Practical alternatives to the procedure are: *psa, MRI*

4. I request the performance of the above-named operation or procedure and of such additional operations or procedures as are found to be necessary or desirable, in the judgment of the professional staff, during the course of the above-named operation or procedure.

5. I request the administration of anesthesia as may be considered necessary or advisable in the judgment of the professional staff.

C. SIGNATURES
1. PHYSICIAN/SURGEON: I have counseled this patient as to the nature of the procedure(s), attendant risks involved, and expected results, as described above.
[Signature]
Signature of Physician/Surgeon

2. PATIENT: I understand the nature of the proposed procedure(s) identified above, the risks involved, and the expected results, and hereby request that such procedure(s) be performed.
[Signature]
Signature of Patient *[Signature]*
Signature of Witness *[Date]*
Date

3. LEGAL GUARDIAN: I understand the nature of the proposed procedure(s) identified above, the risks involved, and the expected results, and hereby request that such procedure(s) be performed.

Signature of Legal Guardian _____
Signature of Witness _____
Date

Traditional paper consent forms are often unclear and incomplete. Paper forms are also frequently lost, misplaced or lack proper signatures.

iMedConsent™
Informed Consent Solution

Your **solution** for enhancing:

SAFETY - Advances patient safety by making the patient an active, informed participant in the care plan

SATISFACTION - Improves comprehension of, and comfort with, proposed treatments and procedures

COMPLIANCE - Ensures conformity with mandated standards for informed consent

DOCUMENTATION - Automatically documents the informed consent process in the patient's medical record

Patient: Q. Patient, John (549-21-7543) Procedure: Rectum/Prostate - Transrectal Ultrasound with Biopsy

Saint Ashlyn Medical Center SAMC
Outpatient Clinics - Section of Urology

CONSENT TO OPERATION OR OTHER PROCEDURE

Patient: John Q. Patient
Medical Record Number: 549-21-7543
Birth Date: 01/28/1950
Date: August 25, 2004 Time: 1:46 PM
Diagnosis: Nodule of the prostate gland.
Procedure: RECTUM/PROSTATE - TRANSRECTAL ULTRASOUND BIOPSY OF PROSTATE

1. In conjunction with the procedure identified above, I understand the following:

a. Nature and purpose of the procedure: An ultrasound probe is inserted into the rectum to image the prostate gland and facilitate the removal of small samples of prostate tissue to be examined for disease (transrectal ultrasound-guided needle biopsy of prostate).

b. Risks of the procedure:

- Urinary bleeding requiring temporary catheterization.
- Need for additional therapy depending on findings.
- Urinary retention (inability to urinate) requiring catheterization.
- Inconclusive results regarding the presence or absence of malignancy (cancer).
- Need for additional biopsies.
- Prostate cancer may be present but not found in biopsies.
- Urinary tract or prostate infection requiring additional antibiotics.
- Rectal bleeding (rarely requiring treatment).
- Blood in ejaculate for period of time after biopsy.
- Pain during biopsy, with possible need to abort procedure and repeat procedure with an alternative anesthetic regimen at a later time.
- Mechanical malfunction of equipment, with possible need to abort procedure and repeat procedure at a later time.

Additional material risks of the procedure include: death, cardiac arrest, brain damage, disfiguring scar, paralysis or partial paralysis, loss or loss of function a limb or organ, severe loss of blood, allergic reaction and infection.

c. Practical alternatives to procedure: Observation, continued monitoring of PSA values.

d. Prognosis if procedure rejected: Inability to make correct diagnosis and allow appropriate therapy.

2. CONSENT: The procedure identified above has been explained to me and all of my questions have been answered. I acknowledge that no guarantees have been made concerning the outcome of the procedure. I hereby consent to the performance of this procedure by **Sean Ryan, MD** and/or any assistants selected by this physician/surgeon. I also consent to the administration of anesthesia by a physician from the Department of Anesthesiology of the Saint Ashlyn Medical Center, and/or any assistants selected by, and acting under the direction and supervision of, this physician.

Witness:
By signing below, I attest to the fact that I have witnessed the patient (or person authorized to consent for the patient) and the person obtaining the consent, sign this consent form.

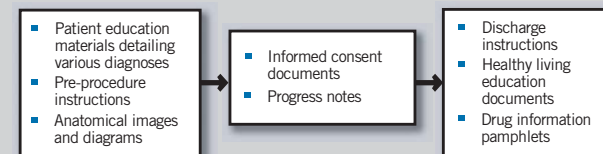
[Signature]

Jane Doe 8/25/2004 1:48:31 PM

A consent form generated by the iMedConsent™ application is clear, comprehensive and readily available for access by appropriate clinical personnel.

The iMedConsent™ Solution Supports The Continuum of Care:

Diagnosis → Consultation → Treatment → Follow-up



DialogMEDICAL

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