

MEDICAL RECORD	REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES
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A. IDENTIFICATION

1a. (Place 'Y' for YES, 'N' for NO in all applicable boxes)		1b. DESCRIBE	
Y	OPERATION OR PROCEDURE		SEDATION
	ANESTHESIA	Y	TRANSFUSION

Anatomical Location: N/A
Percutaneous Transluminal Angioplasty with Stent
I consent to Blood Products.

B. STATEMENT OF REQUEST

2. The nature and purpose of the operation or procedure, possible alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me. I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure. I understand the nature of the operation or procedure to be (describe operation or procedure in layman's language). **See attached Procedure Detail Sheet**

Which is to be performed by or under the direction of Dr. ROBERT J HALL, MD, other staff and Resident team.

3. 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 of the below-named medical facility, during the course of the above-named operation or procedure.
4. I request the administration of such anesthesia as may be considered necessary or advisable in the judgment of the professional staff of the below-named medical facility.
5. Exceptions to surgery or anesthesia, if any are: None (If "none", so state)
6. I request the disposal by authorities of the below-named medical facility of any tissues or parts which may be necessary to remove.
7. I understand that photographs and movies may be taken of this operation, and that they may be viewed by various personnel undergoing training or indoctrination at this or other facilities. I consent to the taking of such pictures and observation of the operation by authorized personnel, subject to the following conditions: **Yes**
 - a. The name of the patient and his/her family is not used to identify said pictures.
 - b. Said pictures be used only for purposes for medical/dental study or research.
8. I understand that as indicated a Health Care Industry Representatives or other authorized personnel may be present.

C. SIGNATURES

(Appropriate items in parts A and B must be completed before signing)

9. COUNSELING PHYSICIAN/DENTIST: I have counseled this patient as to the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above. I have also discussed potential problems related to recuperation, possible results of non-treatment, and significant alternative therapies.

Signature of Counseling Physician/Dentist



Signed on 08/28/2018 at 10:13:44
Name: ROBERT J HALL, MD

10. PATIENT: I understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed:

Signature of Witness, excluding members of operating team

Patient:




My Witness
Signed on 08/28/2018 at 10:14:28

Signed on 08/28/2018 at 10:14:04

11. SPONSOR OR GUARDIAN: (When patient is a minor or unable to give consent sponsor/guardian of Jones, Carl O understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

PATIENT'S IDENTIFICATION (For typed or written entries, give: Name – last, first, middle; ID no. (SSN or Other); hospital or medical facility)

Name: Jones, Carl O	SSN: 998981192
Category: CONTRACT EMPLOYEE AND FAM MBR	Sponsor's SSN: 7327
Sex: Male	DOB: 01/21/1964
DoD ID: 998981192	

REGISTER NO. WARD NO.

REQUEST FOR ADMINISTRATION OF ANESTHESIA
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Medical Record

OPTIONAL FORM 522 (REV. 7/2008)
Prescribed by GSA/CMR FMR (41 CFR) 102-194.30(i)
DoD Exception to OF 522 approved by GSA

DETAILS OF PROCEDURE/TREATMENT

(Descriptive information about the specific procedure(s)/treatment(s) being performed)

Procedure/Treatment Description

In this procedure, a narrowed artery is dilated (enlarged) in order to restore normal blood flow.

The patient lies face up on the procedure table. Some type of anesthesia (loss of feeling caused by drugs) is administered. A catheter (a long thin tube) is then inserted into an artery, usually the femoral artery in the leg. X-ray dye is injected through the catheter, and x-rays are taken to determine the location and severity of any arterial abnormalities.

If there is a significant narrowing, angioplasty is performed, during which a tiny balloon is inflated in the area of narrowing to open up the artery. Several attempts may be necessary. Heparin (blood-thinning medication) may be administered to prevent blood clots from forming during angioplasty.

In some cases, a stent (a tiny tube-like device) may be placed in the artery to keep it open. Stents are typically mounted on a catheter and guided into the artery by the catheter. The catheter is then removed, and the stent remains in place.

Diagnosis

Need for angioplasty and/or stenting due to clinical symptoms from narrowed artery

Benefits of treatment(s) or procedure(s)

The goal of this procedure is to restore normal blood flow through a narrowed artery. This is a minimally invasive procedure, involving only a small puncture, generally in the femoral artery in the leg. Patients usually experience only mild pain in the area where the puncture is made, and recovery time is short.

Reasonable risk / complications of surgical treatment(s) or procedure(s)

* Complications involving the artery being dilated (enlarged) including dissection (tear in the arterial lining), thrombosis (blood clot in the artery), rupture, hemorrhage (bleeding), and compromise to the organs that receive blood from that artery.

* Damage to the femoral artery, which can cause bleeding, compromised blood flow to the leg or foot, pseudoaneurysm (a vascular abnormality) or formation of fistula (abnormal passageway).

* Allergic reactions to x-ray dye, which can include itching, shortness of breath, and even shock.

* Risk of kidney failure associated with x-ray dye, with higher risk for patients with existing renal disease.

* Complications, though rare, from administration of heparin (blood thinning medication), including bleeding.

Additional Risks Discussed (if applicable):

Alternatives to surgical treatment(s) procedures(s)

Alternatives to this procedure are more invasive, usually involving surgery with a larger, open incision, leading to a longer recovery period that is potentially more painful. The patient may also elect no treatment.

Prognosis if no treatment is received

The consequences of failing to treat a narrowed artery depend on the artery involved. For instance, if the narrowing involves an artery in the leg, the patient may develop worsening pain, ulcerations, or infections, and may eventually require amputation. If the narrowing involves arteries to the kidneys, the patient may experience worsening kidney failure or hypertension (high blood pressure).

Blood Transfusion (if applicable): I consent to Blood Products.

I understand that a blood product transfusion may be given as a part of my medical or surgical management, and may include one or more of the following: red blood cells, plasma, platelets and cryoprecipitate. I understand that there are risks associated with blood product transfusion, including, but not limited to those listed in the table below. The benefits of transfusion generally outweigh the risks, and have been explained to me by my physician. The principal risks include clerical errors, infectious, and non-infectious entities. More serious complications are rare, but include organ failure and possibly death. I have been informed of alternatives to blood transfusion to include not receiving any blood products, and I have been informed of likely outcomes with these alternative treatments.

Infectious Risks

HIV 1&2	1:1.5 million
Hepatitis A	1:1 million
Hepatitis B	1:43,000 – 1.2 million
Hepatitis C	1:1.1 million
HTLV – 1&2 (viral leukemia)	1:2 million
Bacterial sepsis from Platelets	1:10,000

Non-infectious Risks

Acute Hemolytic reactions	1:40,000 – 76,000
Delayed Hemolytic Reactions	1:2,500 – 11,000

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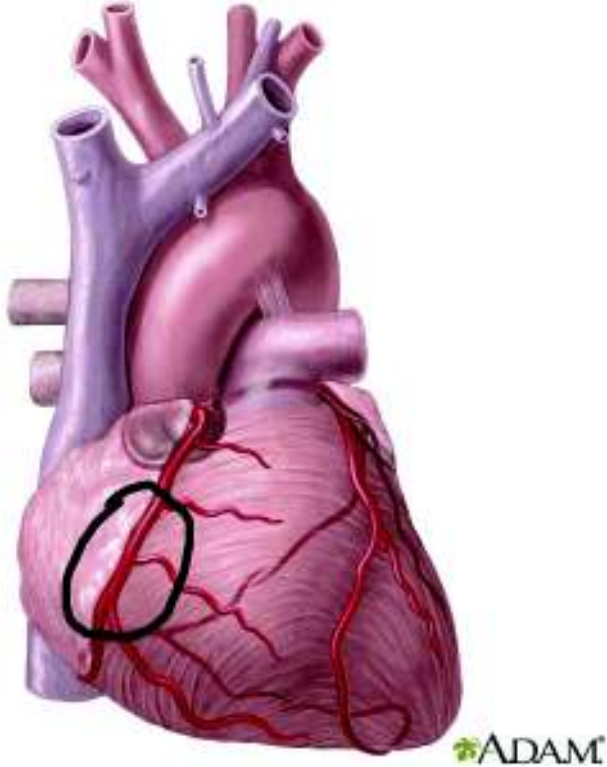
Anaphylaxis	1:20,000 – 50,000
Hives	1:33 – 100
Fever/Chills	.1 - 1%
TRALI (lung injury)	1:1,200– 190,000
Circulatory Overload	<1%

*Sources: Technical Manual 18th Edition, American Association of Blood Banks, Bethesda, MD, 2014

There is a small chance that you may be transfused with blood products obtained from a host nation facility. These blood products may have not been produced or stored by facilities certified by the United States Food and Drug Administration. Due to different testing procedures and varying incidences of infectious diseases within the local population, the risk profiles of host nation blood products will differ from those of blood products produced within the United States. Should you require transfusion with host nation blood products, follow-up testing for certain infectious diseases may be recommended for up to a year after the transfusion.

Name of Interpreter (if applicable):

Images (If Applicable):



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