

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	N	SEDATION
	ANESTHESIA		TRANSFUSION
		Anatomical Location: See description of treatment/procedure. Laparoscopic Cholecystectomy Transfusion not expected	

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 16:08:09
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 16:08:40

Signed on 08/28/2018 at 16:08:23

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

This procedure involves removing the gallbladder. The gallbladder is a small organ that stores bile which helps with digestion. It is not necessary for digestive function. This procedure will use a laparoscope.

Laparoscopic surgery is done using a scope and hollow tube(s) called ports. These are inserted through small incisions (cuts) in the abdomen. A scope is a thin, lighted instrument with a camera attached. The surgeon can pass tools through the ports. Carbon dioxide gas is pumped into the abdomen. This helps the surgeon see inside the abdomen. It also gives more room to work. Your surgeon may not be able to complete the procedure using a scope. If the surgery is not done with a scope, it may be done through a larger incision.

Your surgeon will free the gallbladder from the liver, bile duct, and surrounding arteries. Your surgeon will remove the gallbladder. A drain may be inserted. This will keep fluid from building up in the treatment area. Your surgeon will close the cut(s) with stitches, staples, or other methods. Your surgeon will remove the drain some time after the procedure.

Diagnosis

Pain, gallstones, disease, inflammation, or other problems with the gallbladder.

Benefits of treatment(s) or procedure(s)

This procedure may treat or prevent infection and/or inflammation. It may relieve pain from stones or blockage of bile ducts.

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

- * Pain, numbness, swelling, weakness, or scarring where tissue is cut.
- * Inflammation of the peritoneum. The peritoneum is the membrane that lines the abdomen.
- * Reaction to local anesthesia or other medicines given during or after the procedure.
- * The device or equipment used to do the procedure may not work correctly.
- * You may need additional tests or treatment.
- * Bleeding. You may need blood transfusions, blood products, or other treatments. This may be discovered during the procedure or later.
- * Incisional hernia from trocar placement. Weak scar tissue may allow tissue to bulge through the incision.
- * Narrowing or scarring of bile ducts. This may cause blockage of the liver or inability for new stones to pass.
- * Pancreatitis. This is inflammation of your pancreas; a digestive organ that produces chemicals to help you digest food. Pancreatitis may cause abdominal pain, nausea, vomiting and severe infection.
- * Retained stones in bile ducts.
- * The gas used in laparoscopic procedures to inflate the abdomen can become trapped in tissues. Gas in the bloodstream can dangerously affect blood flow and heart function.
- * Wound infection, poor healing, or reopening of the incision(s). Blood or clear fluid can also collect at the wound site(s). Infection may require antibiotics and additional surgery.
- * Bile leakage. This can cause pain, infection, and breathing difficulties. You may need additional treatment. This can be life-threatening.
- * Bowel obstruction (blockage). This could require bowel surgery.
- * Damage to the bile ducts or nearby structures. This may be discovered during the procedure or later.
- * Damage to the stomach, spleen, pancreas, liver, gallbladder, colon, intestines, kidneys and/or ureters. This may be discovered during the procedure or later.
- * The instrument(s) placed in your abdomen can cause injuries to nearby structures. The equipment used to control bleeding can cause burning injuries.
- * Venous thrombosis/pulmonary embolism. Venous thrombosis is a blood clot that forms in a vein. If this blood clot becomes free, it may travel in the circulation to the lungs. This is called pulmonary embolism. It may be life-threatening.
- * Your doctor may not be able to complete the procedure using a scope. Your doctor may have to make a bigger cut to do the procedure. This may cause undesirable cosmetic effects or scarring. The longer scar may also increase your risk of an incisional hernia. You may develop separation or rupture of the wound closure (dehiscence).
- * Some of the listed risks may be more likely if the procedure is converted to open.
- * Death.

Additional Risks Discussed (if applicable):

Alternatives to surgical treatment(s) procedures(s)

- Alternative therapy options may include medical and surgical treatments. Your doctor will discuss the specific risks and benefits as they relate to your condition.
- * Watching and waiting with your doctor.
 - * Endoscopic retrograde cholangiopancreatography (ERCP). This uses an endoscope and real-time x-ray to view the bile ducts, gallbladder, pancreas, and other nearby structures.
 - * Placement of a cholecystostomy tube.

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- * Removing the gallbladder through one large incision made in the abdomen.
- * You may choose not to have this procedure.

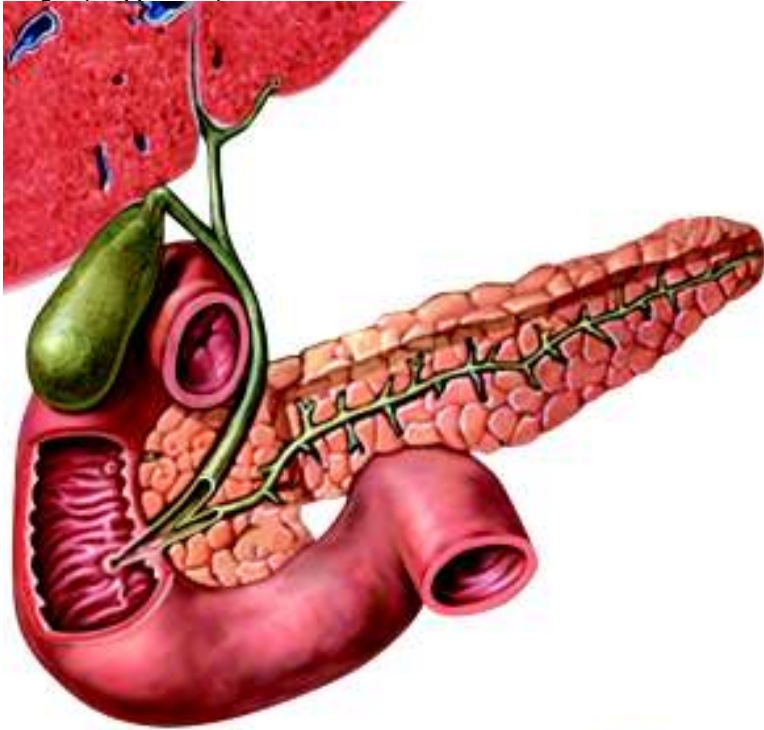
Prognosis if no treatment is received

If you choose not to have this procedure, pain, infection, inflammation, and/or stones may continue. They may get worse.

Blood Transfusion (if applicable): Transfusion not expected

Name of Interpreter (if applicable):

Images (If Applicable):



ADAM

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