

<b>MEDICAL RECORD</b>	<b>REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES</b>
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**A. IDENTIFICATION**

1a. (Place 'Y' for YES, 'N' for NO in all applicable boxes)		1b. DESCRIBE	
<b>Y</b>	OPERATION OR PROCEDURE	<b>N</b>	SEDATION
	ANESTHESIA		TRANSFUSION
		<b>Anatomical Location: Left Knee Arthroscopy with Possible Interventions Transfusion not expected</b>	

**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. MICHAEL F APPEL, 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 10:21:08  
Name: MICHAEL F APPEL, 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 10:21:43

Signed on 08/28/2018 at 10:21:23

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 finding the cause of poor function or pain in a knee. This may include steps to repair it. This procedure will use an arthroscope.

Arthroscopic surgery is done using an arthroscope. A scope is a thin, lighted instrument with a camera attached. It lets your surgeon see images of the treatment area on a screen. The scope and specially designed tools are inserted through small incisions (cuts). A constant flow of saline solution will be used to allow your surgeon to see clearly. Your surgeon may not be able to complete the procedure using a scope. If the procedure is not done with a scope, it may be done through a larger incision.

Your surgeon may proceed, if indicated, with the following:

- \* Removal of loose material or foreign bodies. This may include loose bits of cartilage, or bone fragments. It may also include broken pieces of previously implanted hardware, or other materials in the joint. These will be removed.
- \* Drainage. This is done if the lining of the joint is inflamed or if a cyst, infection, or hematoma is present. A cyst is a fluid-filled sac. It can form in or around the joint capsule. A hematoma is an abnormal build-up of blood. Your surgeon will drain the built-up fluid. This may help to relieve pressure or discomfort.
- \* Removing part or all of the joint membrane (synovium) causing pain and dysfunction.
- \* Repair or reconstruct ligaments. Your surgeon will cut away any damaged ligament tissue. Your surgeon will stitch the ligament back together. Your surgeon may use a substitute ligament taken from a donor to repair your ligament. This may include the cruciate ligaments found inside the knee joint and the collateral ligaments found on the sides of the knee.
- \* Trim or repair damaged cartilage. Your surgeon will remove areas of damaged cartilage. Your surgeon may anchor the meniscus to surrounding tissues with stitches. This will decrease pain and slow the rate of degeneration. This may include the medial or lateral meniscus cartilage. These are located on the sides of the knee.
- \* Collect a sample of tissue or fluid from the joint for further testing. This is called a biopsy.
- \* Inject medicines.

Once the arthroscopy and any repairs are complete, the incision(s) will be closed with sutures (surgical stitches). A brace or other supportive device may be applied during recovery. These will help stabilize or support your knee.

#### Diagnosis

Pain, stiffness, weakness, poor function, torn tendons, or other mechanical problems of the knee.

#### Benefits of treatment(s) or procedure(s)

This procedure may tell your doctor if there are any problems in the knee joint. Some problems may be treated during the procedure. This may reduce pain. It may improve the function of your knee.

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

- \* Bleeding.
- \* Deformity of skin, bone, or cartilage.
- \* Incomplete recovery of normal function.
- \* Incomplete relief of pain.
- \* Pain or discomfort.
- \* Pain, numbness, swelling, weakness, or scarring where tissue is cut.
- \* Stiffness or decreased range of motion.
- \* The procedure may not cure or relieve your condition or symptoms. They may come back and even worsen.
- \* Your doctor may not be able to make a proper diagnosis.
- \* Damage to nerve(s). This may include temporary or permanent pain, numbness, or weakness. This may be discovered during the procedure or later.
- \* Infection of the joint.
- \* Problems with gait. This includes walking and running.
- \* Reactions to medicine(s) given or used during or after the procedure.
- \* The device or equipment used to do the procedure may not work correctly.
- \* Bone infection (osteomyelitis).
- \* Changes in the color and temperature of the skin over the affected limb or body part. These symptoms are accompanied by intense burning pain, skin sensitivity, sweating, and swelling.
- \* Failure of the ligament to heal.
- \* Problems with the bone healing. You may need additional surgery.
- \* 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.
- \* Bone death. You may need additional surgery.

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- \* Damage to nerves, blood vessels, muscles, cartilage, tendons, ligaments, joints, skin, and other structures surrounding the treatment area.
- \* Damage to vascular structures. This may result in temporary or permanent disability or loss of limb.
- \* Fractures caused by instruments, hardware, or implants used during the procedure.
- \* You may need additional treatment including joint replacement surgery.
- \* 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, scarring, or numbness around the incision. The longer scar may also increase your risk of wound healing problems.
- \* Some of the listed risks may be more likely if the procedure is converted to open.

**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.
- \* Immobilizing with a brace.
- \* Other diagnostic procedures including MRI, CT, Ultrasound.
- \* Physical therapy (may include exercise, heat, or massage, etc.).
- \* Medicines for pain and inflammation.
- \* Open surgical procedure.
- \* You may choose not to have this procedure.

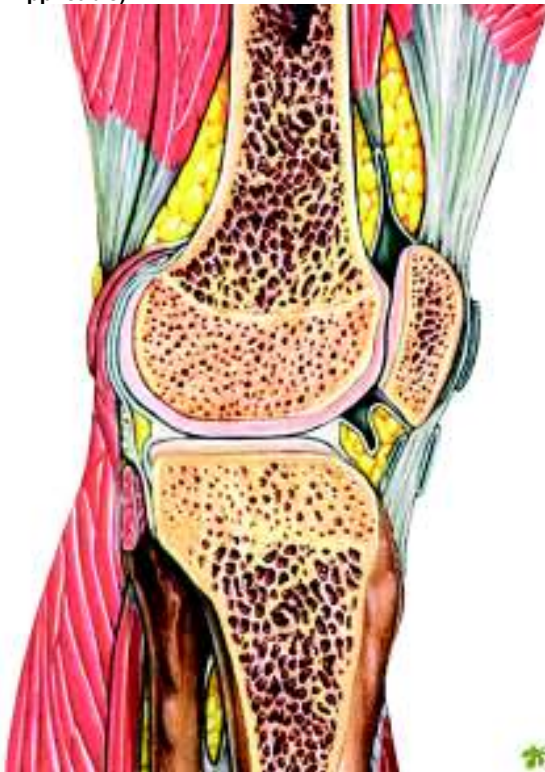
**Prognosis if no treatment is received**

If you choose not to have this procedure, you may have continued pain, deformity, or loss of function of your knee. Your symptoms may get worse.

**Blood Transfusion (if applicable): Transfusion not expected**

Name of Interpreter (if applicable):

**Images (If Applicable):**



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