1.	I hereby authorize	t Name of Provideran	d/or such associates	s or assistants as may be selected by
	said provider to perform the following procedure(s) which has (have) been explained to me:  Insertion of an electrode into my heart to help it beat when my own heart rate is too slow.			
2.	The treatment(s) planned for my con	dition(s) has (have) been explair	ed to me by my pro	vider. I understand them to be:
3.	I recognize that, during the course of the operation, post operative care, medical treatment, anesthesia or other procedure, unforeseen conditions may necessitate additional or different procedures than set forth above. I therefore authorize my above named provider, and his or her assistants or designees, to perform such surgical or other procedures as are in the exercise of his, her or their professional judgment necessary and desirable.			
4.	I have been informed that there are significant risks such as severe loss of blood, infection and cardiac arrest that can lead to death or permanent or partial disability, which may occur from the performance of any procedure. Other risks include the potential hazard of prolonged or frequent radiation exposure to include but not limited to the following, short term and rare side effect: skin irritation, skin ulcers, a small increase in the lifetime risk of cancer, Female (childbearing age) a small potential hazard to fetus. These risks can be serious and possibly fatal. I acknowledge that no warranty or guarantee has been made to me as to result or cure.			
6. Fu	<ul> <li>I consent to the administration of anesthesia by my attending provider, by an anesthesiologist, CRNA or other qualified party unde the direction of a provider as may be deemed necessary. I understand that all anesthetics involve risks of complications and serious possible damage to vital organs such as brain, heart,lung, liver and kidney and that in some cases may result in paralysis, cardiac arrest and/or brain death fromboth known and unknown causes.</li> <li>Any tissues or parts surgically removed may be disposed of by the hospital or provider in accordance with accustomed practice.</li> <li>I recognize that I have the right to have clearly described to me by my provider the following points:</li> </ul>			
	<ul> <li>a) the nature and character of the processing the alternative forms of treatment side effects, and anticipated benefit proposed treatment, and in the alternative forms of treatment including non-treatme (check one)</li> <li>My provider has informed me or</li> </ul>	oposed treatment; b) the a complications, d) the restriction that the ternative forms of ont.	nticipated results of the ecognized serious possil	proposed treatment; ble risks,
8.	☐ I have decided that I do not war USE OF BLOOD DURING THE PROCEE	nt to be told of the above points. <b>DURE</b>		
		lood and Blood Products as deeme ansfusion during this procedure. (R		r Non Blood Medical Management).
l ce	ertify that this form has been fully explaine			· ·
Pat	ient's Name (printed)		_	
	ient / (Parent if patient is a minor) /Authorized Repres	entative	Date	Time
Rel	ationship if Authorized Representative			
Wit	ness to Patient / Legal Guardian Signature		Date	Time
l co	ROVIDER STATEMENT: onfirm that I have explained to the patient eatment as well as the risks and consequen swered all such questions to his or her sati	ices of not proceeding with the trea	tment. I have offered	to answer any questions and have fully
PR	OVIDER SIGNATURE:		Date:	Time:
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CONSENT FOR PROCEDURE/TREATMENT INSERTION OF TEMPORARY PACEMAKER

(05/10/2019)