



Patient Sticker

CLINIC INFORMED CONSENT

- 1. I, (print patient name):
2. Procedure:
3. Facility Name: CCM Health
4. Reason for this procedure (medical condition):
5. Procedure completed by:
6. My doctor may have assistance from others. Assistance could include opening and closing the wound. I have been told who will assist. Team member that will assist is:
7. I have talked to my doctor or health care team about:
8. I agree that:
9. I understand that:

My questions have been answered, I agree to the procedure.

Patient (or Representative) Signature/Relationship to Patient Date/Time

I have discussed the procedure and the information stated above with the patient (or patient's representative) and answered their questions. The patient or their representative consented to the procedure.

Provider Signature: Date/Time:

Interpreter Name (if used): Date/Time:

Witness Signature: Date/Time: