

Name:			
Date of Birth:		Med. Rec. #:	
CARTI #:	<input type="checkbox"/> N/A	Date:	

Poinciana Recovery Center

3 Hill View Court

Nassau, Bahamas

Consent to Special Procedure

I, _____, understand the nature of the procedure to be performed, as follows:

_____.

I hereby authorize Dr. McCartney and such assistants or doctors as may be designated by him to perform the above procedure upon:

_____.

It has been explained to me that during the course of the operation, unforeseen conditions may be revealed that necessitate extension of the original procedure or modifications to those procedures set forth above. I consent to the performance of additional operations or procedures if they are deemed in my best interest and if delay in their performance would materially impair my health.

I consent to the administration of anesthesia/medications with the exception of _____ (None).

I consent to the presence of medical students and other observers in accordance with ordinary practices of this medical facility.

I consent to photography and digital recording as necessary for the dissemination of knowledge and medical information and the sharing of patient outcomes for research and publication without the patient identity being shared.

The nature and purpose of the operation or procedure, alternative methods of treatment, potential risks and benefits, and the possibility of complications to the procedure, have been explained to me.

The harmful effects of cigarette smoking and relevant medications have been discussed with me. Absolutely no smoking (including cigars), for six weeks after injection.

Name:			
Date of Birth:		Med. Rec. #:	
CARTI #:	<input type="checkbox"/> N/A	Date:	

Poinciana Recovery Center

3 Hill View Court

Nassau, Bahamas

- ☐ I understand that failure to comply with my surgeon's instructions may result in suboptimal results.
- ☐ I have read and understood the relevant information sheets including pre and post operation instructions.
- ☐ I agree to avoid caffeine beverages as well as decaffeinated beverages (tea including green tea drinks, coffee and coffee products, red bull and other energy drinks, mountain dew, colas and chocolate) before and after the injection for a limited period of time.
- ☐ I acknowledge that no guarantee has been given as to the results that may be obtained.
- ☐ I confirm that I have enough information to sign this consent.

In case of a dispute or conflict between the Patient and Poinciana Recovery Center in connection with medical treatment performed by Poinciana Recovery Center, the Patient agrees to first attempt to communicate with directly Poinciana Recovery Center in an effort to settle their concern amicably. If such amicable settlement is not feasible the patient and interested parties agree to mediate settlement by the Bahamas Arbitration Act 2009 ("BAA") and other applicable Bahamas law. This agreement and the treatment of the patient is governed by the Laws of Bahamas and the patient agrees that any dispute is governed by the Laws of the Bahamas and is not governed by the laws of the residency or citizenship of the patient.

I agree that I am providing my medical information and acknowledge Health Insurance Portability and Accountability Act (HIPAA) of the USA and Personal Information Protection and Electronic Documents Act (PIPEDA). PIPEDA of Canada is governed by the Laws of the Bahamas.

Name:			
Date of Birth:		Med. Rec. #:	
CARTI #:	<input type="checkbox"/> N/A	Date:	

Poinciana Recovery Center

3 Hill View Court

Nassau, Bahamas

I ACKNOWLEDGE I HAVE READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS AND HAVE RECEIVED A COPY OF HEREOF. I HAVE ALSO REVEIWED, AGREE AND UNDERSTAND THE INFORMATION FOR PATINETS AND FURTHER ACKNOWLEDGE THAT I AM THE PATIENT, OR PERSON DULY AUTHORIZED EITHER BY THE PATIENT OR OTHERWISE TO SIGN THIS AGREEMENT, CONSENT TO AND ACCEPT ITS TERMS.

Print name of patient

Signature

Date *yyyy/mm/dd*

Print name of witness

Signature

Date *yyyy/mm/dd*

Click here to send PDF via email

<u>BRIEF OPERATIVE REPORT</u>					
<u>Surgeon:</u>		<u>Anesthetist:</u>			
<u>Anesthetic:</u>	<u>Local</u>		<u>Regional</u>	<u>General</u>	
	<u>Sedation</u>				
<u>Condition during anesthesia</u>		<u>Begin:</u>	<u>End:</u>		
<u>Pre-op diagnosis:</u>					
<u>Post-op diagnosis:</u>					
<u>Operation began:</u>		<u>Ended:</u>			
<u>Post-operative condition:</u>					
<u>Medication:</u>		<u>Signature:</u>			
<u>Operation (Findings & Procedure):</u>					