MARKHAM STOUFFVILLE HOSPITAL CORPORATION

381 Church Street
P.O. Box 1800
Markham, Ontario L3P 7P3

☐ Markham Site ☐ Uxbridge Site

CONSENT TO TREATMENT

I, _____ hereby CONSENT to undergo the
(Name of Patient or Person Consenting)

treatment/procedure/operation of _____

_____ ordered by and/or to be performed

by _____ on _____
(Name of Health Practitioner) (Myself or Name of Patient)

1. The nature of the treatment/procedure/operation, the expected benefits, the material risks, the material side effects and the alternative courses of action including the likely consequences of not having the treatment/procedure/operation have been explained to me.

2. I further agree that the above named Health Practitioner may be assisted by other surgeons, physicians, and hospital medical staff and may permit them to order or perform all or part of the investigation, treatment or operative procedure, and I agree that they shall have the same discretion in my investigation and treatment.

3. I also consent to such additional or alternative procedures as may be necessary or medically advisable during the course of such procedures.

4. In addition, I consent to the administration of such anaesthetics as are necessary by an anaesthetist/ physician/delegate or by any member of another discipline authorized within the Regulated Health Professions Act.

5. In compliance with provincial legislation I acknowledge that the hospital may utilize any organs or tissue specimens removed during procedure(s) for research and/or teaching purposes.

6. The possibility of the administration of Blood or Blood Products has been fully discussed with me, and a Consent or Refusal for Blood or Blood Products form has been completed as per this discussion.

7. The consent is modified as follows: _____

_____

I understand the explanation and am satisfied that my questions have been answered.

_____ _____
Signature of Patient (or Substitute Decision Maker, if applicable) Name of Substitute Decision Maker (if applicable)

_____ _____
Signature of Health Care Professional Date