



SPECIAL CONSENT TO OPERATION OR OTHER PROCEDURE

Patient: _____ Date: _____

Time: _____ am
_____ pm

1. I hereby authorized Joshua Winslow, M.D. ("Physician").

Drs. Kenneth Harris, Ahmet Sayan and Edward Choi (the physician members of his medical group) and such assistants as may be selected to treat the following condition(s):
 - heart block
 - symptomatic bradycardia

2. The procedure(s) necessary to treat my condition (has, have been) explained to me by Dr. Joshua Winslow and I understand the nature of the procedure to be getting access to the subclavian vein using needle puncture, placing wires in my heart using x-ray, placing a pacemaker under my skin through a small incision.

3. It has been explained to me that there are alternatives to the aforementioned course of treatment including but not limited to:
 - not having the procedure

4. I have been made aware of the risks and consequences commonly associated with the procedure(s) described above including but not limited to:
 - pneumothorax (puncture lung)
 - bleeding
 - infection
 - tamponade (puncture heart)
 - pacemaker not working
 - aspiration pneumonia

5. I have been told that if the procedure is not performed, what may happen to me is:
 - continued symptoms
 - increased risk of sudden death
 - inability to use medicine for angina or heart failure

6. It has been explained to me that, during the course of the operation, unforeseen conditions may be revealed that necessitate an extension of the original procedure(s) that those set forth above. I, therefore, authorize and request that the above named Physicians, their assistants or their designees perform such surgical or other procedures as are necessary and desirable in the exercise of professional judgment. The authority granted under this paragraph shall extend to treating all

conditions that require treatment and are not known to the above names physicians at the time of the operation or other procedure including without limitation to the administration of blood or blood products, of my own blood (if available) or blood provided by a blood bank, unless refusal of blood or blood products directive has been signed by me. (See Informed Consent to Transfusion Blood or Blood Products).

7. I have also been informed there are other risks such as severe loss of blood, infection, cardiac arrest, etc., that are attendant to the performance of any surgical procedure. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure.
8. I consent to the administration of anesthesia and the use of such anesthetics as may be deemed advisable by the physician of anesthesiologist responsible for this service to me. The anesthesiologist is not necessarily a physician names in #1 above.
9. I consent to the retention or disposal of any tissue parts which may be removed.
10. I certify that I have read and fully understand the above consent to operative procedure(s) that the explanations therein referred to were made by me by Dr. Joshua Winslow and that all blanks and statements require insertion or completions were filled in and paragraphs which I do not want to apply, if any, were stricken before I signed.

Witness to Signature

Signature of patient or person responsible

Witness to Signature

(Relationship) when patient is unable to
Sign or is a minor

PHYSICIAN'S CERTIFICATION

I, Joshua Winslow M.D., certify that I have explained the specified operation(s) or procedure(s), the attending risks and consequences, the alternatives and the prognosis if the operation or other procedures is not performed, to the above named patient and/or other responsible person who has signed the above consent.

Date: _____

_____,MD
Signature