**TO THE PATIENT:** You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

I (we) voluntarily request Dras my physician, and such associates as he/s	she
may deem necessary (for example anesthesia providers, educational assistants, and other health care provided who are identified and their professional role explained to me) to treat my condition. My condition has be explained to me as:	ers
	_
	_
I (we) understand that the following surgical, medical, and/or diagnostic procedures are planned for me and I (we) voluntarily consent and authorize these <u>procedure(s)</u> :	
I (we) understand that my physician may discover other or different conditions which require additional procedur than those planned. I (we) authorize my physician, and any associates, technical assistants and other health care providers to perform such other procedures which are advisable in their professional judgment.  I (we) understand that these qualified medical practitioners may be performing significant tasks related to t surgery such as opening or closing incisions, harvesting or dissecting tissue, altering tissue, implanting device tissue removal or photography during procedures.	:he
Initial I (we) Do Do Not Consent to the use of blood and blood products as considered necessary.  Benefits, risks, alternatives and the risks and benefits of alternatives have been discussed and I (we) have been given the opportunity to ask questions.	
Initial	
Texas Medical Disclosure  HEMATIC AND LYMPHATIC SYSTEM	
1. Transfusion of blood and blood components.	
<ol> <li>Fever.</li> <li>Transfusion reaction which may include kidney failure or anemia.</li> </ol>	
Transition reaction which may include kidney failure of affernation.      Heart failure.	
4. Hepatitis.	
5. AIDS (Acquired Immune Deficiency Syndrome).	
6. Other infections.	



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DISCLOSURE AND CONSENT: UNIVERSAL PROCEDURE(S)
BLOOD/ BLOOD PRODUCT ADMINISTRATION



PATIENT IDENTIFICATION

C-300A (Rev. 06/17)

Page 1 of 2

Initial			
risks and hazards related to the such as the potential for infecti	e performance of the on, blood clots in v	ne surgi eins and	uing my present condition without treatment, there are also cal, medical, and/or diagnostic procedures planned for me, d lungs, hemorrhage, allergic reactions and even death. I ards may occur in connection with this particular
I (we) <b>Do Do Not C</b> consthe exception of:	sent to have stude	nts wat	ch my procedure with my doctor for medical education, with
by my physician, in the room equipment and/or supply complete for the procedure but will not	m during the proc pany for the produc t perform any port ent have confiden	cedure. cts that tion of t tiality ag	nanufacturer's technical representatives, as requested I understand that one or more representatives from the the physician will use during my procedure, may be present he procedure. I further understand that all manufacturer's greements and that none of my personal health information hin this hospital.
I (we) <b>Do Do Not C</b> considentity is not shown to anyone		an takinç	g photographs during my procedure as long as my name or
I (we) consent to the disposal	by hospital authorit	ties of a	ny tissue or parts which may be removed.
the benefits, the likelihood of so of my condition, and other alto understand that no warranty	success, the possilernative forms of troor guarantee has	ble prob reatmen been m	s about my current condition(s), the proposed procedure(s), lems related to recovery, the possible risks of nontreatment it, and the risks and benefits of alternatives involved. I (we) ade to me as to result or cure. Any professional/business tal and educational institutions has been explained to me.
blank spaces have been filled	I in, and that I (we ed consent and I (w	e) under	at I (we) have read it or have had it read to me (us), that the stand its contents. I (we) believe that I (we) have sufficient est the procedure(s) to be done.
Patient's Signature	Date	Time	Other Legally Responsible Person's Signature Relationship Date Time
			☐ Medical City Plano, 3901 West 15th Street, Plano, Texas 75075 ☐ Other:
Witness Signature/Title/Position	Date	Time	Witness Work Address
Interpreter			Reason:
I have provided the patient/parent/g my area of expertise.	uardian with informatic	on on risks	s, benefits, and alternatives to treatment as outlined in the above within
Date: Time:	Physician Sign	ature: <u>X</u>	Physician Identifier



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DISCLOSURE AND CONSENT: UNIVERSAL PROCEDURE(S) BLOOD/ BLOOD PRODUCT ADMINISTRATION



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C-300B (Rev. 06/17)

### **ANESTHESIA CONSENT**

**TO THE PATIENT:** You have the right, as a patient, to be informed about your condition and the recommended anesthesia/analgesia to be used so that you may make the decision whether or not to receive the anesthesia/analgesia after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so that you may give or withhold your consent to the anesthesia/analgesia.

I voluntarily request that anesthesia and/or perioperative pain management care (analgesia) as indicated below be administered to me (the patient). I understand it will be administered by an anesthesia provider and/or the operating practitioner, and such other health care providers as necessary. Perioperative means the period shortly before, during and shortly after the procedure.

I (we) understand that anesthesia involves additional risks and hazards, but I (we) request the use of anesthetics/analgesia for the relief and protection from pain or anxiety during the planned and additional procedures. I (we) realize the type of anesthesia/analgesia may have to be changed possibly without explanation to me (us).

I understand that serious, but rare, complications can occur with all anesthetic/analgesic methods. Some of these risks are breathing and heart problems, drug reactions, nerve damage, cardiac arrest, brain damage, paralysis, or death.

I also understand that other complications may occur. Those complications include but are not limited to:

Llava the national defending recognition are an initial the planned enough of analysis method (a)

паче	e the patient/other legally responsible person initial the planned anesthesia/analgesia method(s).
	Initial  General Anesthesia - Injury to Vocal Cords, Teeth, Lips, Eyes; Awareness during the procedure;  Memory Dysfunction/Memory Loss; Permanent Organ Damage; Brain Damage.
	Regional Block Anesthesia/Analgesia - Nerve Damage; Persistent Pain; Bleeding/Hematoma; Infection; Medical necessity to convert to general anesthesia; Brain Damage.
	Initial   Spinal Anesthesia/Analgesia - Nerve Damage; Persistent Back Pain; Headache; Infection; Bleeding/Epidural Hematoma; Chronic Pain; Medical necessity to convert to general anesthesia; Brain Damage.
	Initial   Epidural Anesthesia/Analgesia - Nerve Damage; Persistent Back Pain; Headache; Infection; Bleeding/Epidural Hematoma; Chronic Pain; Medical necessity to convert to general anesthesia; Brain Damage.
	Deep Sedation - Memory Dysfunction/Memory Loss; Medical necessity to convert to general anesthesia; Permanent Organ Damage; Brain Damage.
	Initial  Moderate Sedation - Memory Dysfunction/Memory Loss; Medical necessity to convert to general anesthesia;  Permanent Organ Damage; Brain Damage.
Addit	tional comments/risks:
	Initial   Prenatal/Early Childhood Anesthesia- Potential long-term negative effects on memory, behavior, and learning with prolonged or repeated exposure to general anesthesia/moderate sedation/deep sedation during pregnancy and in early childhood.



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DISCLOSURE AND CONSENT:
ANESTHESIA and/or PERIOPERATIVE PAIN
MANAGEMENT

15th Street PATIENT IDENTIFICATION

I (we) have been given an opportunity to ask questions about my anesthesia/analgesia methods, the procedures to be used, the risks and hazards involved, and alternative forms of anesthesia/analgesia. I (we) believe that I (we) have sufficient information to give this informed consent.

I (we) certify this form has been fully explained to me, that I (we) have read it or have had it read to me, that the blank spaces have been filled in, and that I (we) understand the contents.

I (we) understand that no promises have been made to me as to the result of anesthesia/analgesia methods.

	Initials					
Patient's Signature	Date	Time	Other Legally Responsible Person's Signature	Relationship	Date	Time
			☐ Medical City Plano, 3901 West 15th Street, Plano, TX 75075 ☐ Medical City Frisco, 5500 Frisco Square Blvd., Frisco, TX 75034 ☐ Other:			
Witness Signature/Title/Position	Date	Time	Witness Work Address			
			Reason:			
Interpreter						
The risks, benefits, and alternatives h	·		tient/family understand(s) and agree(s) to	·		
rnysician / rroceduranst Respons	ible for Allestifesia.	^	Date	Time	Physician Ide	entifier



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DISCLOSURE AND CONSENT:
ANESTHESIA and/or PERIOPERATIVE PAIN
MANAGEMENT

MANAGEMENT

PATIENT IDENTIFICATION

# LIST A TEXAS MEDICAL DISCLOSURE

(EFFECTIVE: JANUARY 1, 2012, AMENDED: APRIL 1, 2012)

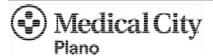
Procedures requiring full disclosure (List A). The following treatments and procedures require full disclosure by the physician or health care provider to the patient or person authorized to consent for the patient.

# Patient to initial appropriate square.

## **URINARY SYSTEM**

- 1. Partial nephrectomy (removal of part of the kidney).
- A. Incomplete removal of stone(s) or tumor, if present. B. Blockage of urine.
- C. Leakage of urine at surgical site.
- D. Injury to or loss of the kidney.
- E. Damage to organs next to kidney.
- 2. Radical nephrectomy (removal of kidney and adrenal gland for cancer).
- A. Loss of adrenal gland (gland on top of kidney that makes certain hormones/chemicals the body needs).
- B. Incomplete removal of tumor.
- C. Damage to organs next to kidney.
- 3. Nephrectomy (removal of kidney).
- A. Incomplete removal of tumor, if present.
- B. Damage to adjacent organs.
- C. Injury to or loss of the kidney.
- 4. Nephrolithotomy and pyelolithotomy (removal of kidney stone(s)).
- A. Incomplete removal of stone(s).
- B. Blockage of urine.
- C. Leakage of urine at surgical site. D. Injury to or loss of the kidney.
- E. Damage to organs next to kidney.
- Pyeloureteroplasty (pyeloplasty or reconstruction of the kidney drainage system).
- A. Blockage of urine.
- B. Leakage of urine at surgical site.
- C. Injury to or loss of the kidney.
- D. Damage to organs next to kidney.
- 6. Exploration of kidney or perinephric mass.
- A. Incomplete removal of stone(s) or tumor, if present.
- B. Leakage of urine at the surgical site.
- C. Injury to or loss of the kidney.
- D. Damage to organs next to kidney.

- Ureteroplasty (reconstruction of ureter (tube between kidney and bladder)).
- A. Leakage of urine at surgical site.
- B. Incomplete removal of the stone or tumor (when applicable).
- C. Blockage of urine.
- D. Damage to organs next to ureter.
- E. Damage to or loss of the ureter.
- Ureterolithotomy (surgical removal of stone(s) from ureter (tube between kidney and bladder)).
- A. Leakage of urine at surgical site.
- B. Incomplete removal of stone.
- C. Blockage of urine.
- D. Damage to organs next to ureter.
- E. Damage to or loss of the ureter.
- 9. Ureterectomy (partial/complete removal of ureter (tube between kidney and bladder)).
- A. Leakage of urine at surgical site.
- B. Incomplete removal of tumor (when applicable).
- C. Blockage of urine.
- D. Damage to organs next to ureter.
- Ureterolysis (partial/complete removal of ureter (tube between kidney and bladder) from adjacent tissue)).
- A. Leakage of urine at surgical site.
- B. Blockage of urine.
- C. Damage to organs next to ureter.
- D. Damage to or loss of ureter.
- 11. Ureteral reimplantation (reinserting ureter (tube between kidney and bladder) into the bladder)).
- A. Leakage of urine at surgical site.
- B. Blockage of urine.
- C. Damage to or loss of ureter.
- D. Backward flow of urine from bladder into ureter.
- E. Damage to organs next to ureter.
- 12. Prostatectomy (partial or total removal of prostate).
- A. Leakage of urine at surgical site.
- B. Blockage of urine.
- C. Incontinence (difficulty with control of urine flow).
- D. Semen passing backward into bladder.
- E. Difficulty with penile erection (possible with partial and probable with total prostatectomy).



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DISCLOSURE AND CONSENT: URINARY SYSTEM

PATIENT IDENTIFICATION

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#### 20. Dialysis (technique to replace functions of kidney 13. Total cystectomy (removal of urinary bladder). and clean blood of toxins). A. Probable loss of penile erection and ejaculation in A. Hemodialysis. the male. a. Hypotension (low blood pressure). B. Damage to organs next to bladder. C. This procedure will require an alternate method of b. Hypertension (high blood pressure). c. Air embolism (air bubble vessel) resulting in urinary drainage. possible death or paralysis. d. Cardiac arrhythmias (irregular heart rhythms). 14. Radical cystectomy (partial removal of urinary e. Infections of blood stream, access site, or bladder). A. Probable loss of penile erection and ejaculation in blood borne (for example: Hepatitis B, C or HIV). f. Hemorrhage (severe bleeding as a result of the male. clotting problems or due to disconnection of the B. Damage to organs next to bladder. C. This procedure will require an alternate method of blood line). g. Nausea, vomiting, cramps, headaches, and urinary drainage. D. Chronic (continuing swelling of thighs, legs, and feet. mild confusion during and/or temporarily after E. Recurrence or spread of cancer if present. h. Allergic reactions. i. Chemical imbalances and metabolic disorders 15. Partial cystectomy (partial removal of bladder). (unintended change in blood minerals. A. Leakage of urine at surgical site. B. Incontinence (difficulty with control of urine flow). j. Pyrogenic reactions (fever). C. Backward flow of urine from bladder into ureter (tube k. Hemolysis (rupture of red blood cells). I. Graft/fistula damage including bleeding, between kidney and bladder), aneurysm, formation (ballooning of vessel), D. Blockage of urine. clotting (closure) of graft/fistula. E. Damage to organs next to bladder. B. Peritoneal dialysis. a. Infections, including peritonitis (inflammation or 16. Urinary diversion (ileal conduit, colon conduit). irritation of the tissue lining the inside wall of A. Blood chemistry abnormalities requiring medication. B. Development of stones, strictures, or infection in the abdomen and covering organs), catheter infection kidneys, ureter or bowel (intestine). and catheter exit site infection. C. Leakage of urine at surgical site. b. Development of hernias of umbilicus D. This procedure will require an alternate method of (weakening of abdominal wall or muscle). urinary drainage. c. Hypertension (high blood pressure). d. Hypotension (low blood pressure). 17. Ureterosigmoidostomy (placement of kidney e. Hydrothorax (fluid in chest cavity). f. Arrhythmia (irregular heart rhythm). drainage tubes into the large bowel (intestine)). g. Perforation of the bowel. A. Blood chemistry abnormalities requiring medication. h. Sclerosis or scarring of the peritoneum. B. Development of stones, strictures, or infection in the i. Weight gain leading to obesity. kidneys, ureter or bowel (intestine). C. Leakage of urine at surgical site. j. Abdominal discomfort/distension. D. Difficulty in holding urine in the rectum. k. Heartburn or reflux. I. Increase in need for anti-diabetic medication. 18. Urethroplasty (construction/reconstruction of m. Muscle weakness. drainage tube from bladder). n. Dehydration (extreme loss of body fluid). A. Leakage of urine at surgical site. o. Chemical imbalances and metabolic disorders B. Stricture formation (narrowing of urethra (tube from (unintended change in blood minerals). bladder to outside)). p. Allergic reactions. C. Need for additional surgery. q. Nausea, vomiting, cramps, headaches, and mild confusion during and/or temporarily after 19. Percutaneous nephrostomy/stenting/stone dialysis. removal. A. Pneumothorax or other pleural complications (collapsed lung or filling of the chest cavity on the same side with fluid.) B. Septic shock/bacteremia (infection of the blood stream with possible shock/severe lowering of blood pressure) when pyonephrosis (infected urine in kidney) present).



bleeding.

C. Bowel (intestinal injury).

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DISCLOSURE AND CONSENT: URINARY SYSTEM

D. Blood vessel injury with or without significant



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