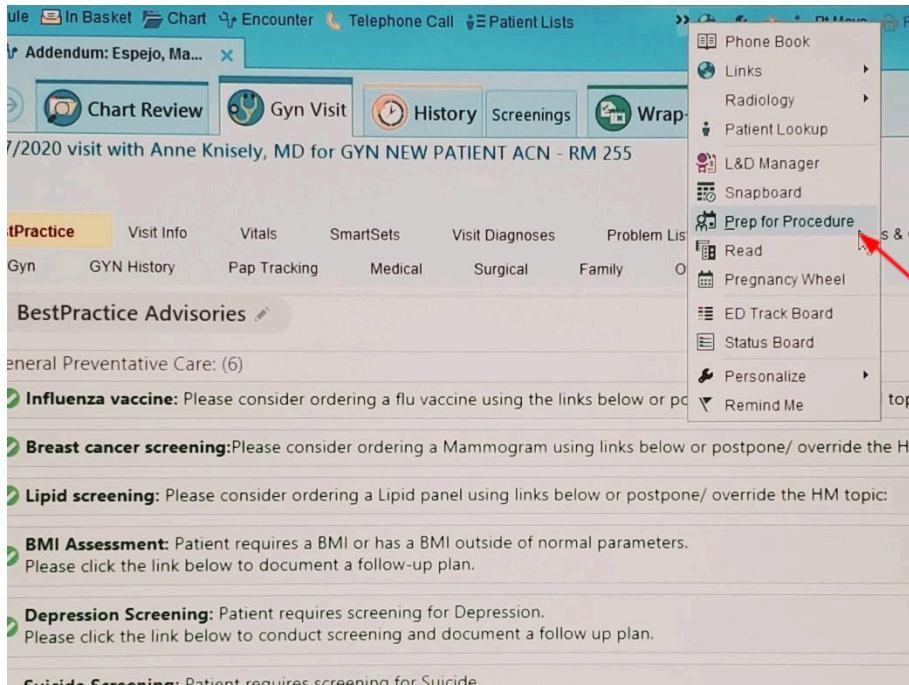
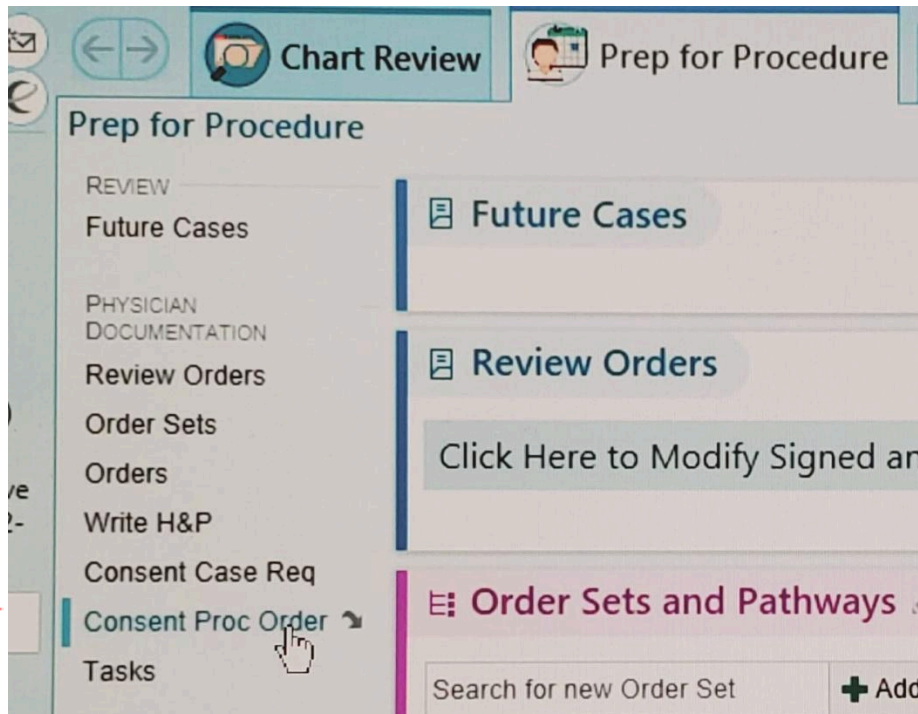


## JOB AID TO OBTAIN PROCEDURE CONSENT WITHIN EPIC

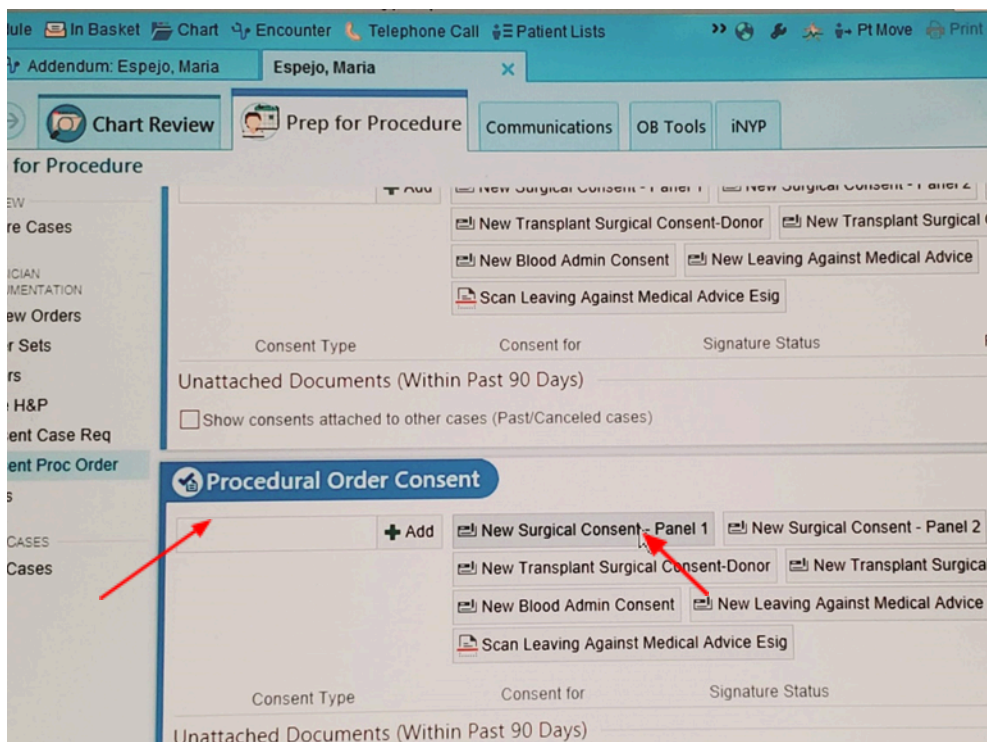
1. Click on the “Prep for Procedure” tab from the double-arrow dropdown



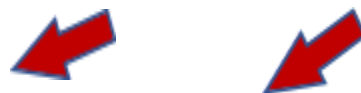
2. Once the tab opens, click on “Consent Proc Order”



- Go to the section titled "Procedural Order Consent" and select **New Surgical Consent - Panel -1**



- A digital consent will open up. Enter Procedure name then patient, and attending provider name.



E-Signature Document Collector

Switch collection mode to: Scan

### Consent for Procedures

Printed Name of Performing Provider !

Additional Performing Provider if different from primary performing provider (Full Name)

Procedure List

Procedure consent matches procedure scheduled

Additional Procedures Necessary

Procedure Laterality: bilateral left right not applicable

Procedure Level:

Spinal Levels:

Digit(s):

Tooth Number(s):

Consent for Overlapping Surgery: Not Applicable Yes No

Consent for Blood and Blood Products: Yes No Not Applicable !

Interpreter Services:

Not Applicable - Interpreter Services not required

Patient Declined

In Person - NYP/Qualified Staff/Liaison/Facilitator

In Person - Family/Visitor

I authorize PerformingProvider, AdditionalProvider and NewYork-Presbyterian (NYP) (\*) and its staff to perform the following surgical/other procedure:

**Procedure (No acronyms or abbreviations except for spinal level(s)):**

Procedure

**Procedure Level:**

Laterality: not applicable

Spinal Level: N/A

Tooth Number: N/A

Digit(s): N/A

**My signature below means that:**

- I understand the following information:
  - The nature and purpose of the surgery or procedure(s) and the potential risks, benefits, and side effects of the surgery or procedure(s).
  - The likelihood of achieving the treatment goals.
  - The potential complications that might occur during recuperation.
  - Any reasonable alternative care/treatment choices, including no treatment, and the respective risks, benefits, and side effects.
  - The practice of medicine is not an exact science and no guarantee has been made to me about the outcome of the surgery or procedure(s).
  - Tissue, organ or other body parts removed during the surgery or procedure(s) will be used for medical diagnosis and thereafter any remaining tissue, organ or other body parts will be used for the advancement of medical science or discarded.
  - During any surgery or procedure(s) performed at NewYork-Presbyterian, the associates or assistants whose presence may be requested in the room includes, but is not limited to, other attending physicians, residents, fellows, medical students or other allied healthcare professionals such as physician assistants or nurse practitioners.
  - Vendors may be needed for their technical expertise and may be present during the surgery or procedure(s) under the supervision and direction of my care team.
  - Photography, filming or recording of the procedure(s) for internal uses such as education and performance improvement purposes may be performed.
- The potential risks, benefits, side effects of the proposed anesthesia, and of any alternatives, will be separately explained to me by a member of the anesthesia team.

☐ Send to Patient ☒ Accept & Print ☒ Accept ☒ Cancel

In Person - NYP/Qualified Staff/Liaison/Facilitator

In Person - Family/Visitor

In Person - Agency (non-NYP Staff)

Video Remote Interpreter

Over the Phone

Self/Direct Service (Involved staff speaks patient's preferred language)

### Patient/Legal Representative Signature

Printed Name of Patient/Legal Representative !

Relationship: Self

Telephone/Verbal Consent: Yes No

### Attending Physician Signature

Printed Name of Performing Provider !

### About Document

Received by:

Received date/time: 3/8/2022 10:13 AM

Status:

Effective date/time: 3/8/2022 10:13 AM

Expiration date/time:

Description:

### E-Signature Information

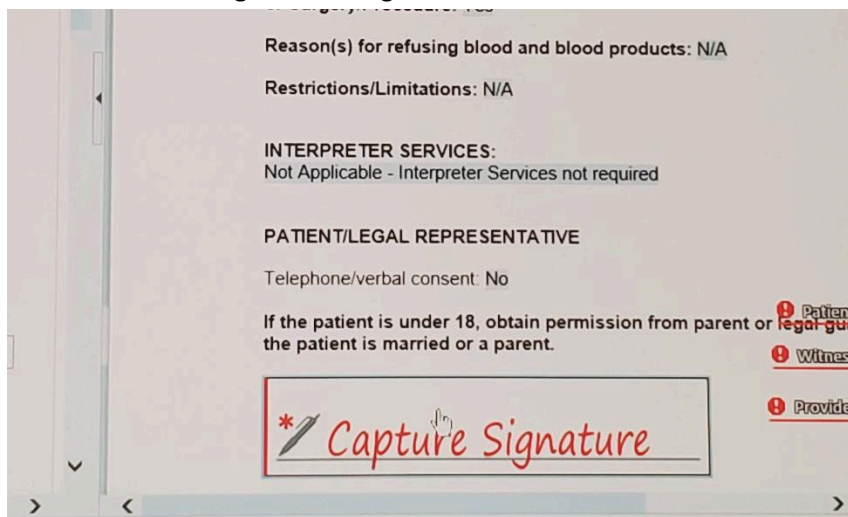
Where signed:

Date/time signed: 3/8/2022 10:13 AM

☒ Edit Data ☒ Change Template

**IMPORTANT:** Fill in the areas with Procedure, & Attending name BEFORE clicking on signatures needed, as NOTHING can be modified once the signatures are entered.

5. Click on Capture Signature and a Digital Signature Box will appear. The patient, and provider can use the mouse to sign in their signature box.



Reason(s) for refusing blood and blood products: N/A

Restrictions/Limitations: N/A

INTERPRETER SERVICES:  
Not Applicable - Interpreter Services not required

PATIENT/LEGAL REPRESENTATIVE

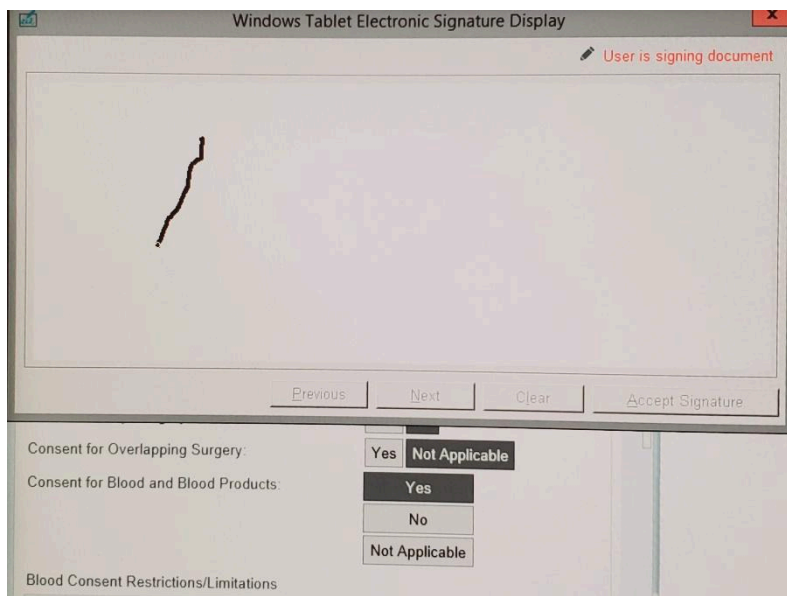
Telephone/verbal consent: No

If the patient is under 18, obtain permission from parent or legal guardian. If the patient is married or a parent.

*\* Capture Signature*

! Patient  
! Witness  
! Provider

6. Accept each signature and after all three are obtained, accept the consent.



Windows Tablet Electronic Signature Display

User is signing document

Previous Next Clear Accept Signature

Consent for Overlapping Surgery: Yes Not Applicable

Consent for Blood and Blood Products: Yes No Not Applicable

Blood Consent Restrictions/Limitations