

Consent to Blood Transfusion

Your Signature below indicates that:

1. You have received a copy of the brochure, *A Patient's Guide to Blood Transfusion*.
2. You have received information from your doctor concerning the risks and benefits of blood transfusion, the use of blood products, autologous and direct donation, and of any alternative therapies and their risks and benefits.
3. You have had the opportunity to discuss this matter with your doctor, including pre-donation
4. Subject to any special instructions listed below, you consent to such blood transfusion as you doctor may order in connection with the operation or procedure described in the *Consent for Operation/Invasive Procedures or Rendering of Other Medical Services* form attached.

Special Instructions: _____

(Describe here any specific instructions for patient's blood transfusion, e.g. pre-donation, direct donation, etc.)

Date: _____ Time: _____ AM/PM

Signature: _____
Patient or Legal Representative per Exceptional Signature Requirements

Print Name: _____