



**CONSENT TO ADMINISTRATION OF ANESTHESIA
AND FOR PERFORMANCE OF OPERATIONS
AND OTHER PROCEDURES**



1. I authorize the following procedure: Lumbar Puncture, to be performed by Dr. Laura Peterson or Dr. Bruce Hess of Ptarmigan Pediatrics, LLC.
2. I consent to additional and different operations or procedures as may be necessary or advisable in the judgment of the doctors in the course of the procedure described above.
3. I consent to the administration of such anesthesia as may be considered necessary or advisable in the judgment of the doctors.
4. Exceptions to surgery or anesthesia, if any, are: No Surgery or Anesthesia.
5. The doctor has explained to me the nature and purpose of the procedure described above, and what the procedure is expected to accomplish, stated in general terms as follows: Insertion of a needle into the back below the spinal cord to obtain fluid to evaluate for infection.
6. The doctor has explained to me the reasonable known risks of the procedure described above, stated in general terms as follows: bleeding, infection, failure to obtain fluid, nerve damage.
7. I have been given the opportunity to ask questions regarding the procedure described above and the nature and purpose of the above described procedure, expected results, alternatives, and reasonably known risks. All questions that I have asked have been answered in a satisfactory manner.
8. I consent to the disposal by staff of Ptarmigan Pediatrics of any tissues or parts that may be necessary to remove.

 Name of Patient: _____ Date of Birth: _____

Name of Parent(s) / Guardian(s): _____

PHYSICIAN: I have counseled the parent(s) or legal guardian(s) of the above-named patient regarding the nature of the proposed procedure, attendant risks involved, and expected results as described above.

 (Signature of Counseling Physician)

 (Date of Signature)

PARENT(S) / GUARDIAN(S): I understand the nature of the proposed procedure, attendant risks involved, and expected results, as described above, and hereby request such procedure to be performed.

 (Signature of Parent / Guardian)

 (Date of Signature)

 (Signature of Parent / Guardian)

 (Date of Signature)