



On _____, I _____, reviewed and discussed with
(Physician/LIP)

_____ all Necessary Information (as defined in Gaston Memorial Hospital's
(Full Patient Name)

Informed Consent and Surrogate Decision-Makers Policy) pertaining to the following procedure(s)/treatment(s):

The patient's diagnosis is: _____

The information discussed included the following:

- Benefits, risks, and likelihood of success _____
- Alternatives and risks of failing to proceed _____
- Other: _____

Signature of Physician/LIP

Date

Signature of Patient

Date

Witness Signature

Date

Physician Certification Form

Tab: Report of Operation
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Revision/Review Date: 04/04



CS0020