Patient: _____ Page: _____

Consulting Physician: _____ Date: _____

Reason for Consultation: _____

Consultation Only _____ Consultation & Follow-up _____ Notified by Nursing _____

For Special Procedure Use Only

___ Risks & Consequences Discussed
___ Questions Answered
___ Informed Consent Obtained

_____
(Physician Signature)

Signature of Consultant: _____

Date: _____

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