

JUPITER HEMATOLOGY & ONCOLOGY ASSOCIATES

SERVING OUR COMMUNITY FOR 28 YEARS

ELIZABETH A. REICH, M.D. HENRY J. SHAPIRO, M.D. JUAN E. SANCHEZ, M.D. ANDRES E. CANOVA, M.D.

Bone Marrow Aspiration and Biopsy Consent

I authorize the performance upon myself of a bone marrow aspiration and biopsy under the direction of Dr. Elizabeth Reich, Dr. Henry Shapiro, Dr. Juan Sanchez and/or Dr. Andres Canova and whoever may be designated as assistant(s).

I consent the performance of operations and procedures in addition to, or different from, those now contemplated, whether or not arising from presently unforeseen conditions, which the above named doctor or his associates may consider necessary or advisable in the course of the operation or during the post-operative period.

I consent the administration of such anesthetics as may be considered necessary or advisable by the physician responsible for this service with the exception of _____ or, none.

I authorize the administration of whole blood (blood transfusion) if such is deemed advisable in the judgment of my attending physician or those he may designate to assist him.

The nature and purpose of the operation, possible alternative method of treatment, the risks involved and the possibility of complications have been fully explained to me. No guarantee or assurance has been given by anyone as to the results that may be obtained.

I consent to the disposal by hospital authorities or hemopathology laboratory of any tissue or parts, which may be removed.

Patient Name: Signed: _____	Date: _____
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Witness: Signed: _____	Date: _____
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