

Jeri Shuster, M.D., P.A.
and Women's Center, Inc.

Jeri Shuster, M.D., Fellow of the American College Obstetricians and Gynecologists
Kathryn Cervi, C.R.N.P., Women's Health Care Nurse Practitioner

TO ALL SURGERY CENTER PATIENTS

Please read the section(s) below which pertain to your scheduled procedure, then initial this form to document that you have read and understand them.

Please sign and date each and bring with you to your procedure.

1. _____ Procedure Do's and Don't
2. _____ Information provided about the procedure (pamphlets, handouts, links)
3. _____ Informed consent (**Sign only if you have read and understand**)
4. _____ Post-operative instructions
5. _____ Cancellation/Financial responsibility
6. _____ Ownership of practice
7. _____ Patient Bill of Rights and Responsibilities
8. _____ Advanced directives

Patient Signature

Date

Witness Signature

Date