Mahmoud H. Aly, M.D.

1910 Richmond Road
Staten Island, NY 10306

883 Poole Ave. Suite #2
Hazlet, NJ 07730

Bone Marrow Biopsy Procedure Consent Form

1. **I herby authorize Dr. Mahmoud H. Aly to perform upon me or the named patient the following procedure; Bone Marrow Biopsy**
2. **Dr. Aly has further explained to me that PA/Nurse/Assistant; __________________________________will be actively involved in this medical procedure and I consent to this participation.**
3. **Dr. Aly has fully explained to me the purpose of this procedure and has also informed me of expected benefits and complications (from known/unknown causes), attendant discomforts and risks that may arise as well as possible alternatives to the proposed treatment including no treatment.**
4. **I have been given the opportunity to ask questions, and all of my questions have answered satisfactorily.**
5. **I understand that during the course of the procedure unforeseen conditions may arise which necessitates other procedures different from those contemplated. I therefore consent to the performance of additional procedures which Dr. Aly or his assistants may consider necessary.**
6. **I further consent to the administration of local anesthetics. I understand there are always risks to life and health associated with anesthesia and I deny any known allergy to local anesthetics. All risks of local anesthetics have been fully explained to me.**
7. **I acknowledge that no guarantees or assurances have been made to me concerning the result intended from this procedure.**

I CONFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE AND THAT ALL BLANK SPACES HAVE BEEN COMPLETED PRIOR TO MY SIGNING. I HAVE CROSSED OUT ANY PRAGRAPHS OR WORDS ABOVE, WHICH DO NOT PERTAIN TO ME OR, TO WHICH I DO NOT AGREE.

Patient/Relative or Guardian:

____

(Signature)

____

(Print Name)

Witness: I attest to the fact that the signature is that of the Patient/Relative/Guardian.

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(Signature of Witness) (Date) (Time)

*****THE SIGNATURE OF THE PATIENT MUST BE OBTAINED UNLESS THE PATIENT IS AN UNEMANIPATED MINOR UNDER THE AGE OF 18 OR IS OTHERWISE INCOMPETENT TO SIGN.**

THE FOLLOWING MUST BE COMOLETED UNLESS A NOTE DOCUMENTING THE CONSENT CONVERSATION IS PRESENT IN THE MEDICAL RECORD.

Procedure

I herby certify that I have fully explained the Bone Marrow Biopsy procedure noted above, including the possible benefits, complications and risks that may arise and the alternatives to the proposed procedure. I have offered to answer any questions and have fully answered all questions raised. I believe that the patient/relative/guardian fully understands what I have explained and answered.

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(Physician Signature) (Date) (Time)

NOTE: THIS DOCUMENT MUST BE MADE PART OF THE PATIENT'S MEDICAL RECORD.

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