Huntington Hospital

LEGAL REPRESENTATIVE CONSENT FORM

Can Patient Consent for Self ? ❑ **Yes** ❑ **No**

Patient Information:

Last Name: _____

First Name: _____ M.I._____ **Date of Birth:** ___ ___ / ___ ___/ _____

Gender: ❑ Male ❑ Female

FIN #: _____

Proposed Date of Procedure: ____/____/_____

Surgeon: _____

Patient's Legal Representative:

Name: _____

Relationship: _____

Phone #: _____

Fax #: _____

Email : _____

Has the legal representative been made aware of the procedure? ❑ Yes ❑ No

Will the Legal Representative Be Present?

On the Day of the Preop Exam: ❑ Yes ❑ No

On the Day of the Surgery: ❑ Yes ❑ No

Additional Information / Comments:

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PLEASE FAX PATIENT'S LEGAL REPRESNTATIVE INFORMATION TO: (626)-397-3592

Revised 10/16/2017