

Observation in Operating Room (OR) Consent

Date: _____ Time: _____

Dr. _____ has requested approval for
Attending Physician (PRINT)

_____ to visit/observe in the
Individual (PRINT)

Operating Room on _____ for _____
Date

Type of Surgery

The purpose of this observation is _____

Consenting to *OR OBSERVATION*:

Patient Name (PRINT)

Patient Signature

Attending Physician (PRINT)

Attending Physician Signature

Anesthesiology Name (PRINT)

Anesthesiology Signature

Director, Surgical Services Name (PRINT)

Director, Surgical Services Signature

