

## INFORMED CONSENT Medical Equipment Representative

( Print Name )	am aware that a Medical ( Print Name )	
Equipment Representative requested by my surgeon will I	be present in the Operating Roo	n during my
	surgery on	
( Describe Surgical Procedure )		( Date )
PATIENT SIGNATURE:	DATE:	<del></del> 1
TATIENT GIGHATORE.	DATE.	
WITNESS SIGNATURE:	DATE:	