Health Care Team: I understand that other providers, including physicians-in-training, physician assistants, surgical technicians or others may be involved. They may be identified by name in my medical record. For some surgeries, a provider other than the primary surgeon may perform significant tasks including opening and closing the wound, harvesting grafts, removing tissue, and implanting devices or altering tissues.

Overlapping Operations/Procedures in the Operating Room: I understand that my primary surgeon may be participating in another operative procedure during non-critical portions of my procedure. A qualified surgeon will be available.

Photography and Video: I consent to being photographed or videotaped (the Materials) for purposes of treatment and internal health care operations, such as improving quality of care and educating students and staff. Mayo Clinic may also use and disclose the Materials for educational purposes, such as publication in professional journals and presentations at seminars or conferences, if reasonable steps are taken to remove information about my identity from them.

Transfusion of Red Blood Cells (RBCs), Granulocytes, Platelets, Frozen Plasma (FP) or Cryoprecipitate: As applicable, I have discussed with my provider the possibility of needing a blood transfusion or having autologous blood transfused using cell salvage during my treatment, and the risks and benefits of receiving blood or blood products, and viable medical alternatives. I understand the most common risks include but are not limited to: transfusion reactions such as fever, chills, allergic reaction, hives or shortness of breath, or discomfort at the site of administration. I also understand there is a risk of transfusion transmitted disease such as Hepatitis B, Hepatitis C or HIV.