## **Artificial Blood Use Consent Form**

Patient Name:
Date of Birth:
Medical Record Number:
Procedure Information
Procedure Name:
Date of Procedure:
Physician Name:
Consent
Description of Artificial Blood Product and Intended Use:
Risks, Benefits, and Alternatives Explained:

Patient or Legal Guardian Acknowledgement:

Patient/Guardian Signature:	
Date:	
Witness Signature:	
Date:	