

Blood Transfusion Consent Form

Patient Name:

Date of Birth:

Medical Record Number:

Purpose and Procedure

Description of blood transfusion procedure:

Risks and Benefits Discussion

Risks explained to patient:

Benefits explained to patient:

Alternatives discussed:

Questions asked and answered:

Consent

I hereby consent to the transfusion of blood and/or blood products as recommended by my healthcare provider.

Patient / Legal Representative Signature:

Date:

Healthcare Provider Signature:

Date: