



Informed Consent Form

Angiogram / Heart Cath / TEE / Cardioversion / Loop Recorder / Carotid Stent /
 Watchman Device / PFO closure / ASD closure

By signing below, I acknowledge that my physician has discussed my treatment plan with me, and has informed me of the benefit(s) associated with having my procedure(s). I understand that, as with all medical procedures, there is a potential risk of complications during, and/or after, my procedure(s). My physician has explained these risks to me. The associated risks include, but are not limited to:

- Bleeding complications, which may require a blood transfusion
- Rhythm complications, which may require electric shock therapy
- Infection, which may require antibiotic treatment
- Allergic reaction to medications and/or dye
- Prolonged hospitalization
- Renal failure, which may require dialysis
- Emergency open heart surgery
- Emergency limb salvage surgery
- Stroke and/or disability
- Prolonged hospitalization due to unforeseen complications
- Death

I understand if I do not arrive at the treating facility at my designated check in time, my procedure may be subject to delay or cancellation.

I acknowledge that Cardiovascular Institute of Scottsdale may forward my personal health information to the facility (or facilities) where my test(s) and/or procedure(s) are scheduled.

I acknowledge that I have read and understand this document, or that I have had an interpreter (if applicable) read the document to me, and that all of my questions have been answered.

Patient Name (please print): _____

Patient Signature: _____ Date: _____

Interpreter Name (if applicable): _____

Interpreter Signature: _____ Date: _____