CONSENT FOR SURGERY OR OTHER INVASIVE PROCEDURAL TREATMENT (TIGRIGNA)

1. Name (Last, First, Middle Initial) [(required for legal purposes)]:

2. Day of Procedure
   Verify patient consents to the documented procedure.
   RN/Tech initials _______
   Date _______
   Time _______

3. Consent:
   I hereby consent to the performance of the surgical or medical procedure to be performed on [PATIENT NAME] on [DATE] as indicated above, and authorize the appropriate personnel to perform said procedure.

4. Patient Update
   Patient consent validation, if patient signature date is greater than 90 days prior to the procedure date.
   Practitioner initials _______
   Date _______
   Time _______

5. Patient Label
   [Details of patient label]

6. Signature:
   [Signature of patient or legal guardian]

7. Date:
   [Date of consent]

8. Signature Date is Greater than 90 Days Prior to the Procedure Date:
   [Date of procedure]

9. Verifying Update:
   [Signature of RN or technician]

10. Signature Date is Greater Than 90 Days Prior to the Procedure Date:
    [Date of procedure]

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SEATTLE, WASHINGTON