



Affix Patient Label	
Patient Name:	Date of Birth:

Refusal/Inability to Remove Jewelry or Body-Piercing Objects

I have been informed and asked to remove all jewelry, which has been inserted or connected to my body. I know that removing jewelry and other body-piercing objects from my body is needed to lower the risk of the complications listed below:

- Infection at the site of the surgery.
- The inability of my doctor and Bronson staff to do my surgery safely.
- The item may be lost or get into the site of the surgery.
- The item may cause an accidental burn during surgery.

No procedure is completely risk free. Some risks are well known. There may be risks not included in the list that your doctor cannot expect. I know that by not removing jewelry and other body-piercing objects:

- I will be responsible if any of the problems listed above happen.
- I will not hold my doctor or Bronson Hospital responsible for any problems that occur.
- My surgeon may decide not to proceed.

I have been told about the risks listed above. I have decided not to remove: _____

(Description of jewelry/body-piercing objects and location)

I ask that my surgery be done without removal of jewelry or body-piercing objects. I am aware that there are times when jewelry or body-piercings must be cut off during surgery in order to complete the procedure. This may be due to swelling. Bronson is not liable for the cost associated with the replacement of this jewelry.

Signature of Patient or Legal Representative	/
	Date / Time

Witness	/
	Date / Time

Interpreter's Statement: I have interpreted the doctor's explanation of the consent form to the patient, a parent, closest relative or legal guardian.

Interpreter's Signature	ID #	/
		Date / Time