

FORMS

This appendix includes information about the forms that are referenced in the Professional Services manual chapter, and where they can be obtained.

A copy of the **Diagnostic and/or Laboratory Equipment** (La OFS Form 24) can be found in this appendix.

The following forms are available at www.lamedicaid.com under the “Forms/Files/User Manuals” link:

- **Acknowledgement of Receipt of Hysterectomy Information** (BHSF Form 96-A)
- **Physician Outpatient Visit Extension Form** (BHSF Form 158-A)
- **Request for Prior Authorization** (PA-01 Form)
- **Prior Authorization Request for Transplant** (TP-01 FORM)
- **Referral for Pregnancy Related Dental Services** (BHSF Form 9-M)
- **Request for Prescription Prior Authorization** (Form RXPA01)

The following forms are available at <http://www.lamedicaid.com/provweb1/Forms/PCforms.htm>

- **Request for Hospital Pre-Admission Certification and LOS Assignment** (PCF 01)
- **Request for Hospitalization for Outpatient Procedures: Day of Admit or Day After Admit** (PCF-02)

Instructions and a copy of the **Department of Health and Hospitals Office of Public Health Certification of Informed Consent-Abortion** form are available at:

http://new.dhh.louisiana.gov/assets/docs/Making_Medicaid_Better/RequestsforProposals/CCNPAppendices/AppendixNAbortionCertificationofInformedConsent.pdf

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The **Consent for Sterilization** forms, Form HHS-687 (English) and Form HHS-687-1 (Spanish), are available at:

<http://www.hhs.gov/opa/title-x-family-planning/initiatives-and-resources/documents-and-tools>

Completed examples of accepted Consent for Sterilization, Form HHS-687 (English) can be found on the following pages.

The examples illustrate a correctly completed sterilization form, without an interpreter and with an interpreter, for a sterilization that was done less than 30 days after the consent was obtained. “Premature delivery” is confirmed with a “check mark”; the expected date of delivery is included and is equal to or greater than 30 days after the date of the recipient’s signature.

In order to facilitate correct submission of the sterilization consent when a premature delivery occurs, the following clarification is provided. “Prematurity” is defined as the state of an infant born prior to the 37th week of gestation. Physicians should use this definition in the completion of the sterilization consent when premature delivery is a factor.”

The consent was (and must be) obtained at least 72 hours before sterilization was performed.

Physicians and clinics are reminded to obtain valid, legible consent forms.

Copies must be shared with any provider billing for sterilization services, including the assistant surgeon, hospital, and anesthesiologist.

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Form Approved: OMB No. 0937-0166
Expiration date: 12/31/2012

CONSENT FOR STERILIZATION

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

CONSENT TO STERILIZATION

I have asked for and received information about sterilization from (1) . When I first asked

Doctor or Clinic

for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as Temporary Assistance for Needy Families (TANF) or Medicaid that I am now getting or for which I may become eligible.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a (2) . The discomforts, risks

Specify Type of Operation

and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on: (3) Date

I, (4) , hereby consent of my own free will to be sterilized by (5)

Doctor or Clinic

by a method called (6) . My

Specify Type of Operation

consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

Representatives of the Department of Health and Human Services, or Employees of programs or projects funded by the Department but only for determining if Federal laws were observed.

I have received a copy of this form.

(7) Signature (8) Date

You are requested to supply the following information, but it is not required: (Ethnicity and Race Designation) (please check)

- Ethnicity: Race (mark one or more)
[] Hispanic or Latino [] American Indian or Alaska Native
[] Not Hispanic or Latino [] Asian
[] Black or African American
[] Native Hawaiian or Other Pacific Islander
[] White

INTERPRETER'S STATEMENT

If an interpreter is provided to assist the individual to be sterilized: I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in (9)

language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

(10) Interpreter's Signature (11) Date

HHS-687 (05/10)

STATEMENT OF PERSON OBTAINING CONSENT

Before (12) signed the Name of Individual

consent form, I explained to him/her the nature of sterilization operation (13) , the fact that it is

Specify Type of Operation

intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent. I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

(14) Signature of Person Obtaining Consent (15) Date

(16) Facility

(17) Address

PHYSICIAN'S STATEMENT

Shortly before I performed a sterilization operation upon

(18) Name of Individual on (19) Date of Sterilization

I explained to him/her the nature of the sterilization operation (20) , the fact that it is

Specify Type of Operation

intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraph: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

- [] Premature delivery
Individual's expected date of delivery: (21)
[] Emergency abdominal surgery (describe circumstances):

(22) Physician's Signature (23) Date

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**Checklist for Sterilization Form
(See previous page for number items on form)**

CONSENT TO STERILIZATION

- Y N Are all blanks filled in and legible?
- Y N Is the patient's signature present? (Line 7)
- Y N Is the date of the signature present? (Line 8)
- Y N Was the patient at least 21 years old on the date the consent form was signed? (Line 3)
- Y N Is race and ethnicity section filled out (not mandatory)?

INTERPRETER'S STATEMENT (if applicable)

- Y N Are all blanks filled in and legible?
- Y N Is the interpreter's signature present? (Line 10)
- Y N Is the date of the signature the same as the date of the patient's signature? (Line 11 same as Line 8?)

STATEMENT OF PERSON OBTAINING CONSENT

- Y N Are all blanks filled in and legible?
- Y N Is the signature of the person obtaining consent and date of signature present? (Lines 14 and 15)
- Y N Is the date of the signature the same as the date of the patient's signature? (Lines 8 and 15)

PHYSICIAN'S STATEMENT

- Y N Are all blanks filled in and legible?
- Y N Is the physician signature and date present? (Lines 22 and 23)
- Y N Have at least 30 days, but no more than 180 days, passed between the date of the patient's signature and the date the surgery was done? (Lines 8 and 19)

NOTE: "When counting, do not count the date of the patient's signature as one day (for example, if the patient signed on January 1, 30 days will have passed after January 31.)

- Y N If 30 days have not passed, does one of the following conditions exist?
 - Premature delivery (or early delivery)
 - Emergency abdominal surgery
- Y N If premature delivery, is the individual's expected date of delivery at least 30 days after the date of informed consent? (Lines 8 and 21)
- Y N Is the individual's expected delivery date documented? (Line 21)
- Y N In the case of premature delivery or emergency abdominal surgery, was the sterilization performed more than 72 hours after the date of individual's signature on the consent form? (Lines 8 and 19)
- Y N In the emergency abdominal surgery, are the circumstances described on the physician's statement on the consent form?
- Y N Was the physician statement signed on or after the sterilization operation date? (Lines 19, 22 and 23)

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Sterilization Consent Form Example – without Interpreter

Must be group or individual who gave information about sterilization procedure

Form Approved: OMB No. 0937-0166
Expiration date: 12/31/2012

CONSENT FOR STERILIZATION

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

CONSENT TO STERILIZATION

I have asked for and received information about sterilization from (1) Woman's OB/GYN Group. When I first asked Doctor or Clinic for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as Temporary Assistance for Needy Families (TANF) or Medicaid that I am now getting or for which I may become eligible. I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a (2) Tubal Ligation. The discomforts, risks and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on (3) 12/06/1984. I, (4) Judy Marshall, hereby consent of my own free will to be sterilized by (5) Dr. Thatch Strong, Doctor or Clinic, by a method called (6) Tubal Ligation. My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to: Representatives of the Department of Health and Human Services, or Employees of programs or projects funded by the Department but only for determining if Federal laws were observed. I have received a copy of this form.

(7) Judy Marshall (8) 06/12/2011

You are requested to supply the following information, but it is not required. (Ethnicity and Race Designation) (please check)

- Ethnicity: Hispanic or Latino Not Hispanic or Latino
Race (mark one or more): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

INTERPRETER'S STATEMENT

If an interpreter is provided to assist the individual to be sterilized, I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in (9) language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

(10) Interpreter's Signature (11) Date

HHS-687 (05/10)

STATEMENT OF PERSON OBTAINING CONSENT

Before (12) Judy Marshall signed the consent form, I explained to him/her the nature of sterilization operation (13) Tubal Ligation, the fact that it is (Specify Type of Operation)

intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it. I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent. I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

(14) Sue Thoma, MD (15) 06/12/2011

Signature of Person Obtaining Consent Date

(16) Woman's OB/GYN Group Facility

(17) 433 10th Street, Pine, LA 70776 Address

PHYSICIAN'S STATEMENT

Shortly before I performed a sterilization operation upon (19) (18) Judy Marshall on 07/01/2011

I explained to him/her the nature of the sterilization operation (20) Tubal Ligation, the fact that it is (Specify Type of Operation)

intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it. I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraph: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

- Premature delivery (21) 08/01/2011
Individual's expected date of delivery
 Emergency abdominal surgery (describe circumstances)

(22) Thatch Strong, MD (23) 07/08/2011

Physician's Signature Date

MUST WAIT AT LEAST 30 DAYS COMPLETELY REVERSIBLE

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Sterilization Consent Form Example – without Interpreter

Form Approved: OMB No. 0937-0166
Expiration date: 12/31/2012

CONSENT FOR STERILIZATION

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

CONSENT TO STERILIZATION

I have asked for and received information about sterilization from (1) Woman's OB/GYN Group. When I first asked Doctor or Clinic

for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as Temporary Assistance for Needy Families (TANF) or Medicaid that I am now getting or for which I may become eligible.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a (2) Tubal Ligation. The discomforts, risks and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on (3) 12/06/1984 Date

I, (4) Judy Marshall, hereby consent of my own free will to be sterilized by (5) Dr. Thatch Strong Doctor or Clinic

by a method called (6) Tubal Ligation. My Specify Type of Operation

consent expires 180 days from the date of my signature below. I also consent to the release of this form and other medical records about the operation to:

Representatives of the Department of Health and Human Services, or Employees of programs or projects funded by the Department but only for determining if Federal laws were observed. I have received a copy of this form.

(7) Judy Marshall Signature (8) 06/12/2011 Date

You are requested to supply the following information, but it is not required: (Ethnicity and Race Designation) (please check)

- Ethnicity: Hispanic or Latino Not Hispanic or Latino
Race (mark one or more): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

INTERPRETER'S STATEMENT

If an interpreter is provided to assist the individual to be sterilized, I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in (9)

language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

(10) Interpreter's Signature (11) Date

HHS-687 (05/10)

STATEMENT OF PERSON OBTAINING CONSENT

Before (12) Judy Marshall signed the Name of Individual

consent form, I explained to him/her the nature of sterilization operation (13) Tubal Ligation. the fact that it is Specify Type of Operation

intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent. I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

(14) Sue Thatch, RN Signature of Person Obtaining Consent (15) 06/12/2011 Date

(16) Woman's OB/GYN Group Facility (17) 433 10th Street, Pine, LA 70776 Address

PHYSICIAN'S STATEMENT

Shortly before I performed a sterilization operation upon (19)

(18) Judy Marshall Name of Individual on 07/01/2011 Date of Sterilization

I explained to him/her the nature of the sterilization operation (20) Tubal Ligation. the fact that it is

Specify Type of Operation intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraph: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

- [X] Premature delivery (21) 08/01/2011 Individual's expected date of delivery
[] Emergency abdominal surgery (describe circumstances).

(22) Thatch Strong, MD Physician's Signature (23) 07/08/2011 Date

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Sterilization Consent Form Example – with Interpreter

Form Approved OMB No. 0937-0166
Expiration date 12/31/2012

CONSENT FOR STERILIZATION

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS

CONSENT TO STERILIZATION

I have asked for and received information about sterilization from (1) Woman's OB/GYN Group. When I first asked Doctor or Clinic

for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as Temporary Assistance for Needy Families (TANF) or Medicaid that I am now getting or for which I may become eligible.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a (2) Tubal Ligation. The discomforts, risks and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on (3) 12/06/1984. I, (4) Judy Marshall, hereby consent of my own free will to be sterilized by (5) Dr. Thatch Strong, a Doctor or Clinic by a method called (6) Tubal Ligation. My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to: Representatives of the Department of Health and Human Services, or Employees of programs or projects funded by the Department but only for determining if Federal laws were observed. I have received a copy of this form.

(7) Judy Marshall (8) 06/12/2011

Signature Date

You are requested to supply the following information, but it is not required: (Ethnicity and Race Designation) (please check)

Ethnicity: Race (mark one or more):
 Hispanic or Latino American Indian or Alaska Native
 Not Hispanic or Latino Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

INTERPRETER'S STATEMENT

If an interpreter is provided to assist the individual to be sterilized, I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in (9) Spanish language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

(10) Gloria Gomez (11) 06/12/2011
Interpreter's Signature Date

HHS-687 (05/10)

STATEMENT OF PERSON OBTAINING CONSENT

Before (12) Judy Marshall signed the consent form, I explained to him/her the nature of sterilization operation (13) Tubal Ligation, the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent. I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

(14) Sue Thom, RN (15) 06/12/2011
Signature of Person Obtaining Consent Date

(16) Woman's OB/GYN Group
Facility

(17) 433 10th Street, Pine, LA 70776
Address

PHYSICIAN'S STATEMENT

Shortly before I performed a sterilization operation upon (18) Judy Marshall on 07/01/2011

(19) Judy Marshall on 07/01/2011
Name of Individual Date of Sterilization

I explained to him/her the nature of the sterilization operation (20) Tubal Ligation, the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraph: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested)

Premature delivery (21) 08/01/2011
Individual's expected date of delivery

Emergency abdominal surgery (describe circumstances):

(22) Thatch Strong, MD (23) 07/08/2011
Physician's Signature Date

(22) Thatch Strong, MD (23) 07/08/2011
Physician's Signature Date

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La. OFS Form 24
Revised 1/86
IV
1/82 issue usable

Diagnostic and/or Laboratory Equipment

Name:
Provider Number:

Address:
Pay to Number:

Diagnostic and/or Laboratory Test Equipment

Make	Model	Serial #	Capabilities