

# Informed Consent for Blood Transfusion

I hereby authorize the attending physician and the medical staff at this facility to administer blood transfusion(s) and/or blood products as deemed necessary for my medical condition.

## Risks and Benefits

- I understand that the benefits of receiving a blood transfusion may include increased oxygen-carrying capacity, improved health, and potentially life-saving effects.
- I am aware that risks include, but are not limited to, allergic reactions, fever, transmission of infectious diseases, and transfusion reactions.

## Alternatives

I have been informed of possible alternatives to a blood transfusion, such as volume expanders, medications, or no treatment, and understand the consequences of refusing a transfusion.

## Questions

I have had the opportunity to ask questions about the procedure, risks, and alternatives, and all of my questions have been answered to my satisfaction.

Patient Name:

Patient Signature:

Date:

Witness Name:

Witness Signature:

Physician Name:

Physician Signature: