

## Authorization to Receive Blood Transfusion

I, the undersigned, hereby authorize  to administer a blood transfusion to

Patient Name:

Date of Birth:

Hospital/Medical Record Number:

### Information Provided to the Patient/Representative:

I have been informed regarding the reasons for the blood transfusion, the benefits, risks, and possible alternatives. My questions have been answered to my satisfaction.

### Consent:

Signature of Patient/Representative:

Relationship to Patient:

Date:

### Healthcare Provider Witness:

Name of Physician/Provider:

Signature:

Date: