



Community Hospital
Munster, Indiana

St. Catherine Hospital
East Chicago, Indiana

St. Mary Medical Center
Hobart, Indiana

Patient Acknowledgement of Receipt

I, _____ (Name of patient) have been given a copy of the Patient Information Booklet/Package Insert that describes the use of the Humanitarian Use Device that my doctor intends to use to treat my condition.

I have discussed the procedure, _____ with my doctor and the healthcare team, and was given the time I needed to ask any questions.

I understand why my doctor is recommending this procedure, any reasonable alternatives to the procedure, the possible risks and benefits, and what I may expect during my recuperation.

I have been given a signed copy of this form.

Signature of Patient

Date

Signature of Legally Authorized Representative

Date

Patient unable to sign: Altered Mental Status Other _____

Relationship to the Patient _____

Signature of Person Conducting the Discussion

Date

Name of Translator/Credentials (if appropriate)