

I, _____, am a _____ year old competent adult patient at Baptist Medical Center/Wolfson Children's Hospital/Baptist Medical Center South. After being advised regarding the risks and benefits of both accepting and rejecting the administration of blood and/or blood products ("Blood"), I have chosen to participate in Baptist Health's Bloodless Medicine and Surgery Program.

As a participant in the Bloodless Medicine and Surgery Program, I direct my physician and the hospital staff to (initial only one):

A. _____

Refrain from the administration of Blood at all times, **EVEN** if, in the opinion of my physician, such measures are necessary to prolong the continuation of my life and/or avoid permanent damage to tissues, organs or bodily functions, due to my convictions, religious or otherwise. I do request that all applicable non-blood medical management strategies be used and exhausted.

OR:

B. _____

Administer Blood **ONLY** if, in the opinion of my physician, such measures are necessary to prolong the continuation of my life and/or avoid permanent damage to tissues, organs or bodily functions. In such a critical situation it is assumed that life cannot be sustained without the administration of Blood. Under these circumstances, I request that all applicable non-blood management strategies will have been used and exhausted prior to the administration of Blood.

I fully understand that prior to the administration of Blood, my physician and Program Manager will disenroll me from the Bloodless Medicine and Surgery Program at Baptist Health, and the date and time of my disenrollment will be noted in my medical record.

OVER



Baptist Medical Center Jacksonville, Jacksonville, FL
Baptist Medical Center South, Jacksonville, FL
Wolfson Children's Hospital, Jacksonville, FL

**BLOODLESS MEDICINE AND SURGERY
PROGRAM DIRECTIVE FOR
NON-BLOOD MEDICAL MANAGEMENT**



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PATIENT LABEL

