

ACCEPTANCE OF BLOOD PRODUCTS

At The Women's Group of Gwinnett we strive for optimum health and to preserve life. In the case of a life threatening emergency, **it is our policy to transfuse with blood if it is necessary to save your life.**

Please sign one of the below:

I understand and **agree** with the above transfusion policy.

Signature

Date

I **disagree** and will be transferring my care elsewhere.

Signature

Date

Witness signature

Date