



CARDIOPULMONARY RESUSCITATION (CPR)

TEMPORARY REVOCATION CONSENT

I _____ recognize that by consenting to an elective,
Patient

out-patient procedure, I fully expect to be discharged and resume pre-surgical activities. I hereby give my permission for temporary revocation of my CPR Advance Directive, allowing the Grand Valley Surgical Center, L.L.C. permission to initiate resuscitative measures in the event of a medical emergency. This revocation shall remain in place until vacating the Center's property.

Resuscitative measures shall include, but not limited to:

1. CPR
2. Endotracheal intubation or other advanced airway management
3. Artificial ventilation
4. Defibrillation
5. Cardiac resuscitation medications
6. Related procedures, as defined by my attending physician or anesthesiologist

I assume all risks for the revocation consent. I therefore release the attending physician, his assistants, the attending anesthesiologist, the Center and its agents and employees from any responsibility whatsoever for any untoward results, including death, which may occur as a result of this revocation.

Patient Signature

Date

Physician Signature

Date

Witness Signature

Date