



**LIMITED GUARANTEE FOR ROBOTIC PROSTATECTOMY
PATIENT ACKNOWLEDGMENT**

Saint Luke's Hospital of Bethlehem, Pennsylvania d/b/a St. Luke's Hospital & Health Network (St. Luke's) and some of the urologists on its medical staff are offering to their patients the opportunity to participate in a limited guarantee relating to prostate removal through robotic prostatectomy performed at St. Luke's. You are receiving this patient acknowledgment because you are eligible to participate. You can read the terms and conditions of the limited guarantee at www.mystlukesonline.org. Alternatively, copies of the terms and conditions are available at the offices of participating urologists upon request. By signing below, you acknowledge that you have been given the opportunity to read the terms and conditions and to ask any questions you may have relating to the terms and conditions.

In connection with the limited guarantee, St. Luke's and the participating urologists have developed and implemented at St. Luke's a multi-faceted care plan intended to direct the pre-operative and inpatient process for patients who undergo prostate removal through robotic prostatectomy at St. Luke's. As part of the care plan, and in order to participate in the limited guarantee, you must read the following information and then sign and print your name below. By signing your name below, you are acknowledging that your urologist and/or his staff followed these portions of the care plan during your office visit(s):

- Review of pathology results
- Discussion of the following prostate cancer treatment options:
 - Active surveillance
 - Brachytherapy (radioactive prostate seeding)
 - External beam radiation therapy
 - Open radical prostatectomy
 - Laparoscopic robotically assisted radical prostatectomy
 - Emerging technologies (i.e., cryotherapy, proton beam, HIFU)
- Offer of radiation oncology consultation
- Literature package provided
- Surgical procedure booked within three business days after medical clearances obtained
- Medical clearance arranged
- Cardiac or pulmonary consultations arranged at physician's discretion
- Pre-admission testing scheduled
- Patient offered autologous blood donation
- Bowel prep instructions given

PATIENT SECTION

I CERTIFY THAT THE ABOVE ELEMENTS OF THE CARE PLAN HAVE BEEN REVIEWED, DISCUSSED, OFFERED, PROVIDED, SCHEDULED AND/OR ARRANGED WITH/FOR ME.

I AGREE TO FOLLOW ALL PRE-OPERATIVE AND POST OPERATIVE INSTRUCTIONS GIVEN TO ME BY ST. LUKE'S AND MY UROLOGIST AND/OR HIS STAFF.

I HAVE ASKED OR BEEN OFFERED THE OPPORTUNITY TO ASK ST. LUKE'S AND MY UROLOGIST ANY QUESTIONS CONCERNING THE GUARANTEE AND ITS TERMS (INCLUDING THE CARE PLAN) BEFORE SIGNING BELOW.

Signature: _____

Print Name: _____

WITNESS SECTION

Signature: _____

Print Name: _____