



Highlands Ranch Hospital

Pregnancy Loss Examination
Less than 20 weeks and/or Less than 500 grams
Final Arrangements Consent

Patient Identification Label

Name _____
MRN _____
DOB _____
Date of service _____

Initials I/We understand that a pathology examination will be completed.
A pathology examination may help to determine immediate or future health care needs as explained by my health care provider.

Final Arrangement Options for Disposition of Pregnancy Tissue

I/We elect

Initials **Hospital disposition** (for pregnancy less than 20 weeks)
Tissue is cremated and ashes are disposed at an approved site. No ashes will be available.

Initials **Mortuary disposition** (regardless of gestational age) (please select one):
☐ Burial ☐ Cremation ☐ Undecided

The mortuary I/we have chosen is _____

Address _____

Phone _____

DO NOT SIGN UNLESS YOU HAVE READ AND THOROUGHLY UNDERSTAND THIS FORM.

Name of parent or legally authorized representative (printed)

Name of provider who obtained consent (printed)

Signature of parent or legally authorized representative

Signature of provider who obtained consent

Date Time

Date Time

CERTIFICATION OF INTERPRETER SERVICES (if the patient's preferred language for health care is not English).

I have communicated the information on this form and any explanations to the patient in the patient's preferred language using a Qualified Medical Interpreter, or by speaking directly to the patient as a Qualified Bilingual Provider.

Interpreter name or number _____; Qualified Bilingual Provider: ___ Yes ___ No