



**BLOOD CONSERVATION PROGRAM
PHYSICIAN PARTICIPATION AGREEMENT**

This Agreement is made between Forsyth Medical Center/Medical Park Hospital/Thomasville Medical Center

and _____

a licensed health care practitioner by the State of North Carolina .

- Forsyth Medical Center/Medical Park Hospital/Thomasville Medical Center is the operator of a Blood Conservation Program that has been established in order to treat patients who **refuse** blood and blood components.

- Forsyth Medical Center/Medical Park Hospital/Thomasville Medical Center is the operator of a Blood Conservation Program that has been established in order to treat patients who wish to **avoid** blood and blood components.

The participating Physician signing below will adhere and comply with Hospital policies, procedures and protocols for the Blood Conservation Program.

Participating Physician

Date

Please complete the agreement and fax it to Carol Vannoy at (336) 277-9577
Thank you

