



Request to Retain/Dispose of Limb

I, the undersigned, consent to the disposition of my _____
amputated by Dr. _____ on (date) _____
as follows:

- _____ I have chosen to retain my limb for private burial
_____ I understand that I must make private mortuary arrangements
_____ I will be making arrangements with _____ funeral home
_____ I give consent for Avera McKennan Histology to dispose of my amputated limb in accordance with usual custom and practice.

Physicians Laboratory, LTD and Avera McKennan Hospital and their personnel are released from any and all liability whatsoever because of disposition of my limb.

Patient Signature _____ Date _____

Legal Guardian Signature _____ Date _____

Relationship to Patient _____

Witness Signature _____ Date _____

