

Name of Patient: _____

Date of Birth: _____

Date of Procedure: _____

PROVISION OF INFORMED CONSENT BY DOCTOR

I, Dr Pieter Naudé, have discussed with the patient / parent / guardian the treatment options for his / her present condition. We have made a joint decision to proceed with:

L _____ R

The nature of the procedure, complications and rehabilitation, outcome and expectations were discussed and understood.

DR PH NAUDÉ

DATE

PATIENT CONSENT

Dr Naudé and I have discussed my / my child's condition and the various ways of treating it.

He has explained to me that:

- 1) the procedure carries certain risks and complications may occur as a result of the intervention
- 2) the procedure has potential anaesthetic risks
- 3) the procedure has potential surgical complications
- 4) the procedure might implicate certain anaesthetic interventions or blood transfusions
- 5) additional surgical interventions or procedures may be needed if the doctor finds unexpected findings
- 6) the procedure might not give the expected results in spite of professional and correct surgical interventions

I **consent** to the surgical procedure for _____
Name of Minor

I **consent** to the procedure and the anaesthetic.

Signature of Patient / Guardian / Parent _____ Date _____ Print Name