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	Please use I.D. label	or block print	
GR(+	GRIT SURNAME UMRN/MRN		
Hospital / Health Service Patient Consent to	GIVE	DOB GENDE	.b
Treatment or Investigation	Male	GENOE	
Adult or Mature Minor	ADDI	POSTC	ODE
3 WARD: Day Surgery	A A A A A A A A A A A A A A A A A A A	TELEPHONE	
DOCTOR: MIT. O TIPHE TES		- LLCI HONE	
Treatment / Procedure / Investigation - no	ting correct side/correct site		
This procedure requires: AGeneral and/or An Anaesthetist will explain the risk of general	al or regional anaesthesia to you.		
Signature of doctor / health professional v			
Risks and benefits have been discussed with	the patient and relevant consent discus		∍d
in the medical record. Specific risks particular	to this patient are: bleeding	(utection)	_
Full name Johbur	Position/Title GE9-5	wy. sey	-
Signature	Date 6/2/19		
Patient's declaration I have been given written information about			
 I understand that the doctor/health profession. I have been informed of the risks that are spetche procedure/treatment) and the likely outcome. I have been given the opportunity to ask que have been answered. I understand that if immediate life-threatening. I understand that I have the right to change if after I have signed this form. I understand the life a staff member is exposed to my blood, I diseases. I will be informed if this occurs and I consent to a blood transfusion, if needed Note: If a blood transfusion is anticipated, ple I consent to undergo the procedure/s or treat Patient's Full name	pecific to me, benefits, alternatives (incluomes. estions about this procedure and my specific specifi	ecific queries and concerns I will be treated accordingly ure is undertaken, including to d tested for infectious	5
Interpreter's declaration		1-1-1	eati
Specific language requirements (if any) I declare that I have interpreted the dialogue be and have advised the health professional of any	etween the patient and health profession concerns about my performance.	nal to the best of my ability.	9
Interpreter's Full name		Date/Time	Consent
Agency name	Interpreter's signature		Sol
Review of consent (if applicable)			nt
I confirm that the patient's consent, personal circument/procedure is still to be undertaken.	cumstances and clinical condition has	been reviewed and the	Patient
Full name (doctor/health professional)	/ P	osition/Title	-
Signature		Date	5
I confirm that the request and consent for the or	peration/procedure/treatment above ren	nains current.	10
Signature (cons	enting person)	Date	MID

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	SURNAME				
	Hospital / Health Service atient Consent to	CIVENAME			
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一岁 Adi	Ilt or Mature Minor	ADDRESS			
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DOCTOR:			TELEPHONE		
Treatment	/ Procedure / Investigation		1		
WARD:	/ Procedure / Investigation - no	ting correct side/correct s	ite		
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An Anaesth	etist will explain the risk of	regional Anaestnesia	Local Anaesthesia		
Signature o					
Risks and h	of doctor / health professional w	vho has determined the co	nsent process has occurred		
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Full name		Position/Title	en	_	
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Patient's de				_	
• I have been	given written information about to	he procedure/treatment.			
· I have been	informed of the risks that are and	hal may not perform the proc	cedure him/herself.	-1	
the procedu	Ire/treatment) and the likely	conc to me, benefits, alterna	tives (including if I choose not to be	re	
have been	given the opportunity to ask ques	stions about this procedure a	and my specific queries and conse		
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after I have	I that I have the right to change m	y mind at any time before th	rocedure, I will be treated accordingling procedure is undertaken, including	y. 5	
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diseases. I v	vill be informed if this occurs and valued blood transfusion, if peopled	will be given results of the te	llected and tested for infectious	Investigati	
Note: If a blo	od transfusion is anticipated place	Yes No (please tick). The	e risks have been explained to me.	les.	
• I consent to	ındergo	ed on thi	DISOU PRODUCTS Form MID200	E;	
Patient's Full	narne_	55 57 till	ioun.	o i	
Patient's signa	ature				
Interpreter's d			Date/Time 11-4/7	reatmer	
Specific Jangua	OR requirements (if			Treatment	
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Interpreter's Fu	ill name		Dato/Time	Adi	
Agency name_		Interpreter's signature	Date/IIIIe	Consent to	
Review of cons	ent (if applicable)			ပိ	
I confirm that the treatment/proces	patient's consent, personal circul lure is still to be undertaken.	mstances and clinical condit	ion has been reviewed and the	atient	
Full name (doct	or/health professional		Samuel Arrow tile	Ра	
Signature	request and consent for the con-		Position/Title		
I confirm that the	request and consent for the opera	ation/procedure/tract	Date	30A	
Signature		p. occoure/lieatment al	pove remains current.		
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MR30A 07/17

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