

CONSENT FOR OPERATION/PROCEDURE

Please complete the appropriate sections:

FULL NAME OF PATIENT: _____

AGE: _____

HOSPITAL NUMBER: _____

NAME OF DOCTOR OBTAINING CONSENT: _____

DR POOBAIAH NAIDOO

I have explained the nature, risks and possible consequences of the medical procedure to the undersigned patient or person legally competent to give consent.

Signature: _____

Date: _____

2023:04:12

NATURE OF PROCEDURE: _____

Publication of Manuscript

CHECKLIST:

1. Proposed therapy or procedure
2. Expected benefits
3. Inherent risks/side effects of the procedure
4. Possible alternative methods of treatment, risks & side effects
5. Probable results if proposed treatment is not administered

MEANS USED TO EXPLAIN PROCEDURE:

Personally

Via Interpreter

Name of Interpreter: _____

Signature: _____

Date: _____

ADMINISTRATION OF ANAESTHETIC:

Local

Spinal

General

For the purpose of any such operation / procedure, the effects of which have been explained to me and which I fully understand.

CONSENT TO USE BLOOD and/or BLOOD PRODUCTS (if necessary)

Granted

Not Granted

Cat No: 23-46802 APPLE PRINT 086 122 7753

I agree that a sample of my blood will be taken and tested for Hepatitis B and the Human Immunodeficiency Virus should an incident of contamination of a health care worker by bodily fluids during the procedure.

CONSENT BY PERSON LEGALLY COMPETENT TO GIVE CONSENT:

I, the undersigned, hereby consent to the performance of and understand the nature, risk and possible consequences of the above procedure to be performed on me / my wife / my husband / my child / my dependent.

FULL NAME OF PATIENT: _____

SIGNATURE OR THUMBPRINT OF PERSON GIVING CONSENT

MEANS BY WHICH CONSENT WAS GIVEN

Personally

Telephonically

By Fax

WITNESSES:

1. PRINT NAME: _____

SIGNATURE: _____

2. PRINT NAME: _____

SIGNATURE: _____

EMERGENCY CONSENT

We the undersigned, hereby certify that in our opinion it is essential for the following operation/procedure

to be performed on (Name of Patient) _____

in order to preserve his/her life.

in order to save him/her from serious disability

We further certify that we have found it impossible to make contact with a person legally competent to give such consent.

NAME OF MEDICAL OFFICER: _____

SIGNATURE: _____

NAME OF MEDICAL SUPERINTENDENT: _____

SIGNATURE: _____

DATE: _____

TIME: _____