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ABDELREHIM SULTAN SALEH
LAMAHمستشفى دار الفؤاد
Dar Al Fouad Hospital**Consent for Surgery or Procedure****If you have any question or concern about this consent, ask your physician before signing.**Date: 6/5/2012
I, the undersigned: Abdelrehim Sultan Saleh ID:On my behalf/ on behalf of myselfMy unconditional and complete approval to perform the operation/procedure Liver biopsy for research during procedureAs my medical condition indicate the performance of such operation/procedures which will be conducted by doctor Liver transplant team (Dr. Karim Hosny)

The surgeon has been explained in detail to me about the:

- Nature of the operation/ procedure.
- Benefits of this operation/ procedure..
- Risks involved with this operation/ procedure Bleeding, injury to bile ducts
- Potential risks of not carrying out this operation/ procedure.
- Possible alternative treatment modalities

I do also authorize the hospital to use their discretion in disposal of my removed tissue or organ according to their rules and regulations.

I also consent to other operative measure as may be found necessary during or after the course of the operation according to the surgeon professional judgment, this includes blood transfusion; if doctors indicates its necessity.

Patient/legal guardian Name: عبد الرحيم سلطان Relation Signature: عبد الرحيم سلطانDate 6/5/2012 Time 4:30 pm**Blood Transfusion Consent**

I, the undersigned delegate Dar Al Fouad hospital and the treating medical staff to give me/my patient blood/blood products transfusion which could help me/my patient medical condition and according to the physician order.

Explanation was given to me about the risks that may be associated with blood transfusion which may include rash, jaundice or any other complications.

Patient/legal guardian Name: عبد الرحيم سلطان Relation Signature: عبد الرحيم سلطانDate 6/5/2012 TimeI, doctor /..... Karim HosnyAcknowledge that I have explained in full to Mr./ Abdelrehim Sultan the patient (or father, mother, son, daughter, wife, -----) the nature of the surgical procedure, its expected outcome, alternative modalities and the possible complications.

I also answered all his inquired in easy understandable phrases/language and manner which will be understood and accepted.

Physician Name: Karim Hosny Signature: [Signature] StampDate 6/5/2012 Time 4:30 pm