

CONSENT FORM

Department of Plastic Surgery, PGIMER, Chandigarh

Name _____ 11 Sex F

CR No. _____ Admission No. _____

Diagnosis _____

1. The doctor has explained that I have the following condition
(Doctor to document in patient's own words)

15-1. _____

2. I hereby authorize Dr. _____ and such assistants as may be selected by him/her to perform the following procedure:

(R) _____

3. There are some risks/ complications, which may happen specifically with this type of surgery

The include _____

(a) _____ (c) _____
(d) _____ (e) _____ (f) _____

4. The doctor has explained any significant risks and problems specific to me, and the likely outcomes if complications occur

5. The doctor has also explained relevant treatment options for my condition as well as the risks of not having the procedure.

6. I recognize that during course of the procedure, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in exercise of his/her professional judgement and desirable.

7. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury and sometimes death.

8. I consent to the photography of the procedure including appropriate portions of my body for medical, marketing, scientific or educational purposes.

9 I consent to the disport or any issue. selected device or body parts which any be removed

I consent to the procedure and above listed items (1-9) which have been explained to me in a way that I understand.

(Patient/ Person authorized to sign for the patient)

Date

1/9/20

Witness

On behalf of the team treating the patient, I have confirmed with the patient that he/she has no further questions and wishes the procedure to go ahead.

Date:

1/9/20

Signature

Name:

Job Title: