

Sticker

EVIDENCE OF CONSENT FOR SURGERY BY MEDICAL PRACTITIONERS FOR DOCTOR'S USE ONLY

I, Dr _____

(full name and surname) have explained the nature, risks and possible consequences of the procedure to the undersigned and/or his/her legal guardian.

NATURE OF PROCEDURE: SIDE AND SITE INCLUDED WHERE RELEVANT

Administration of blood/blood products during or after procedure (<i>circle</i>)	Yes	No
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DOCTOR'S SIGNATURE

Signature	Date
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PATIENT DETAILS

I, full name and surname of patient _____
have had the above procedure explained to me.

Date of birth (*yyy/mm/dd*) _____

Signature	Date
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COMPLETE THIS SECTION IF LEGAL GUARDIAN OR PERSON DULY ASSISTING THE PATIENT (If legally competent patient is 12–18 years old)

Full name and surname of guardian/person assisting _____

Relationship to patient _____

Signature	Date
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WITNESS

Full name and surname of witness _____

Signature	Date
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Disclaimer – this form is used to facilitate safe surgery and does not constitute legal informed consent.