

CDSC

Tel 07 3375 7777

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Canossa Day Surgery Centre eMail admin@cdsc.com.au

Place Patient ID LABEL here.

Medical Consent

Request for Surgical Operation or Interventional Procedure

I, Dr _____ have discussed with the patient / parent / guardian, the patient's present condition, alternative treatments available, and explained the benefits and risks of the proposed operation / procedure which is _____.

Medical Officer's Signature

I,
of

request the above operation/procedure to be performed on me/upon

(Name of Patient)

I also request the administration of anaesthetics, medicines, blood transfusions or other forms of treatment normally associated with this operation/procedure.

I understand that other unexpected operations/procedures may be necessary and I request that these be carried out if required.

I understand that a sample of blood may need to be tested, if there is an injury to either my doctor or a hospital staff member during the proposed operation/procedure.

Although this operation/procedure will be carried out with all due professional care and responsibility, I understand that in some circumstances the expected result may not be achieved.

I also understand that complications may occur with any operation/procedure, and I accept the possible risks associated with this operation/procedure and will be responsible for costs incurred.

I have had the opportunity to ask questions about the operation/procedure, and I am satisfied with the information I have received.

Following surgery I will have a responsible adult accompany me home by motor vehicle and stay with me for up to 24 hours following surgery, and I have made arrangements for this. I realise that impairment of full mental alertness may persist for several hours following the administration of anaesthesia and I will avoid making any decisions or taking part in activities which depend on full concentration, co-ordination or judgement for 24 hours.

Signature of Patient / Parent / Guardian / Other
(specify below)

Specify relationship to patient (print)

Special Provisions (if applicable)

Date

Do not write in this space.

Dox Form Version - 1.1

MR 123



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