

PATIENT CONSENT (E, II)

Family Name:
Given Name:
MRN
Gender:
DOB:
Address:

PROVISION OF INFORMATION TO PATIENT **To be completed by Medical Practitioner**

I, Drhave discussed with this patient the various ways of treating the patient's present condition including the following proposed procedure/treatment

.....
INSERT NAME, SITE AND REASONS FOR PROCEDURE OR TREATMENT (DO NOT USE ABBREVIATIONS)

I have informed this patient of the matters as detailed below including the nature, likely results, and material risks of the proposed procedure or treatment.

.....
SIGNATURE OF MEDICAL PRACTITIONER

.....
DATE

.....
SIGNATURE OF INTERPRETER (if needed)

.....
DATE

PATIENT CONSENT **To be completed by Patient**

Drand I have discussed my present condition and the various ways in which it might be treated, including the above procedure or treatment:

The doctor has told me that:

- the procedure/treatment carries some risks and that complications may occur;
- an anaesthetic or medicines may be needed, and these may have some risks;
- additional procedures or treatments may be needed if the doctor finds something unexpected;
- the procedure/treatment may not give the expected result even though the procedure/treatment is carried out with due professional care; and
- if I require admission to another hospital for further care, I will be responsible for the costs incurred.

Following the surgery, I understand that impairment of medical alertness may persist for several hours following anaesthesia, and I will avoid making decision or taking part in activities, which depend upon full concentration or judgement during that period.

I will arrange for a responsible adult to escort me home after my discharge from Ulladulla Endoscopy and Medical Centre.

I understand the nature of the procedure and that undergoing the procedure/treatment carries risks. I am aware that Dr Le and Dr Hoang have a pecuniary interest in Ulladulla Endoscopy and Medical Centre. I have had the opportunity to ask questions and I am satisfied with the explanation and the answers to my questions. I understand that I may withdraw my consent.

I REQUEST AND CONSENT TO THE PROCEDURE/TREATMENT DESCRIBED ABOVE FOR ME.

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Signature of patient

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Date

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Name of patient