



## General Pre-Operative Informed Consent

PATIENT DETAILS			
PLANNED PROCEDURE DATE:			
PROCEDURE DETAILS:			
PATIENT NAME & SURNAME:			
PATIENT ID-NUMBER:			
I AM: <b>The patient</b> <input type="checkbox"/> <b>The parent/legal guardian</b> <input type="checkbox"/>			
NAME & SURNAME: (complete if you are the parent/legal guardian):			
ID-NUMBER: (applicable to parent/legal guardian)			
CONSENT			
I/We the undersigned:			
<input type="checkbox"/> confirm that DR PETRIE VAN DER MERWE discussed the nature of the planned operation/procedure. <input type="checkbox"/> understand that as with any form of surgery/procedure, complications can occur. <input type="checkbox"/> were given the opportunity to ask questions. The possible complications relevant to this surgery/procedure were discussed with me/us.			
DATE:  / / 20	<div style="text-align: right;"> </div>		
WITNESS INFORMATION			
NAME & SURNAME:		DATE OF BIRTH:	
DATE:  / / 20	<div style="text-align: right;"> </div>		

TO BE COMPLETED BY THE DOCTOR	
I, DR PETRIE VAN DER MERWE, have explained the nature, risks and possible consequences/complications of the surgery/procedure to the above-mentioned patient.	
DATE:  / / 20	<div style="text-align: right;"> </div>