



## 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 |  |
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|  |     |    |
|--|-----|----|
| Administration of blood/blood products during or after procedure ( <i>circle</i> ) | Yes | No |
|--|-----|----|

| DOCTOR'S SIGNATURE |      |
|--------------------|------|
| Signature          | Date |

| PATIENT DETAILS  |      |
|--|------|
| I, full name and surname of patient _____<br>have had the above procedure explained to me. |      |
| Date of birth ( <i>yyy/mm/dd</i> )   |      |
| Signature  | Date |

| COMPLETE THIS SECTION IF LEGAL GUARDIAN OR PERSON DULY ASSISTING THE PATIENT<br>( <i>If legally competent patient is 12–18 years old</i> ) |      |
|--|------|
| Full name and surname of guardian/person assisting   |      |
| Relationship to patient  |      |
| Signature  | Date |

| WITNESS                          |      |
|----------------------------------|------|
| Full name and surname of witness |      |
| Signature                        | Date |

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