DAY SURGERY UNIT CONSENT

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CONSENT

CONSENT FOR OPERATIVE, NON OPERATIVE AND ANAESTHETIC PROCEDURES

I, ...

(First /Given names) (Surname)

have had explained to me by Dr. .... the nature and effect of the following procedure(s)

....

I request and give my consent to the performance of the above procedure(s) and I also consent to other procedure(s) which may be necessary or advisable to be performed at the same time, with the exception of the following (if applicable).

....

Furthermore I hereby agree to the taking of a blood sample for appropriate testing of communicable diseases including A.I.D.S and Hepatitis, should contamination of any staff member or doctor, or myself occur during my hospital stay.

Signature: .... Signature: .... Date: ....

(Patient's) (Attending Doctor)

COMPLIANCE STATEMENT

OWN RISK CONSENT I am leaving against the advice of Medical and/or Nursing Staff without supervision or a responsible adult. I agree not to hold Repromed responsible for any harm or injury that may result from my action.

Date / / Signature of patient .... Witness ....