



Consent for Surgery / Operation / Procedure(S):

Name:	Age:
IMC No:	Date:

The following issues have been discussed:

- The nature of the procedure has been explained, including the anesthetic technique, type of wound, stitches and aftercare as well as the alternative treatments available.
- The potential procedural risks and complications have been explained taking in to account the risks that are important to the patient e.g., scar, keloid scarring, bleeding, bruising and wound infection.
- Potential anesthetic risks and complications have been explained.
- I have explained any allergies I have including to gloves, dressings and antibiotics?

- Follow up of any samples sent to the lab? (Yes or No)

- Instructions given to care for the wound and avoid unwanted early openings which will result in unwanted cosmetic result and wound infection.
- Time for the removal of the stitches (if applicable) = _____ days
- Patient has been given the opportunity to ask questions to clarify any information given.

Procedure _____ Dr _____

Signature(Doctor) _____

I _____ (print name) consent to the surgical procedure as described to me by my doctor. I have read and understood the information detailed above and understand fully the reasons for the procedure.

Signed(Patient) _____ Date _____