Consent for Surgery / Operation / Procedure(S):

<table>
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<tr>
<th>Name:</th>
<th>Age:</th>
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<td>IMC No:</td>
<td>Date:</td>
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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 into 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__________________________