



Patient identification label

**GENERIC PROCEDURE CONSENT** (Where no specific procedure consent form exists)

**PART A: Provision of Information to Patient (To be completed by Medical Practitioner)**

I, Doctor.....  
(Insert name of medical practitioner)

have informed:.....  
(Insert name of patient/ parent/ guardian)

of the nature, likely results, and material risks of the recommended operation/ procedure and/ or treatment. The agreed operation/ procedure and treatment that the patient is to undergo is:

.....  
(Insert name of operation/ procedure and/ or treatment)

**Part B: Patient Consent**

The doctor whose name appears in Part A above and I have discussed my/ my child's/ my charge's present condition and the various alternative ways in which it might be treated. The doctor has told me that:

- The administration of any anaesthetic medicines, and/ or blood transfusion may be needed in association with this operation/ procedure and/ or treatment and these can carry some risks.
- Additional procedures or treatment may be needed if the doctor finds something unexpected and I agree to these additional operations/ procedures and/ or treatments being carried out if required as long as they are related to the primary procedure set out in Part A.
- Even though the operation/ procedure and/ or treatment is carried out with all due professional care, the operation/ procedure and/ or treatment may not give the expected result.
- The operation/ procedure and/ or treatment carries some risks and that complications may occur.

I understand the nature of the procedure/ treatment and that undergoing the operation/ procedure and/ or treatment carries risk. I have been advised of the material risks associated with this operation/ procedure and/ or treatment.

I understand that I may withdraw my consent at any time prior to the operation/ procedure and/ or treatment.

For this procedure we may have supplier representatives present to assist during the procedure.

**CONSENT**

I have read the above information and had the opportunity to ask questions of the doctor and I am happy with the response. I hereby give my consent to undergo the operation / procedure listed in Part A above.

Patient / Guardian: \_\_\_\_\_ / \_\_\_\_/\_\_\_\_  
Signature Print Name Date

Doctor: \_\_\_\_\_  
Signature Print Name

Interpreter: \_\_\_\_\_  
Signature Print Name

**FURTHER PATIENT DECLARATION**

I have received a copy of the "Outcome Data Information Sheet" and I have read and understood my Rights and Responsibilities.

Patient / Guardian: \_\_\_\_\_ / \_\_\_\_/\_\_\_\_  
Signature Print Name Date