



CONSENT FORM FOR MEDICAL AND SURGICAL INTERVENTION

Date

I agree to the medical treatment or the surgical procedure

I was informed of the benefits and risks related to the surgical procedure and the nature and the aim of the surgical intervention, the possible complications and the opportunities offered by this intervention.

I was informed that a satisfactory result is expected of this intervention, but there might be complications: Haemorrhage, infections, tissue or near by organ damage, oedema, pain, allergic reactions to material used, delays in recovery, reactions to the anaesthetic or medications used, complications due to birth malformations or other pathologies, relapses that may require other surgical interventions and in rare cases paralysis and death.

I give my expressed consent for the application of anaesthetic medication that may be considered necessary or advisory for this surgical intervention.

I was informed that during the surgical intervention, unexpected clinical events might require the extension of the foreseen procedure or another surgical procedure.

I was informed of the risks and benefits of blood transfusion and blood product transfusion.

I give my expressed consent to receiving blood or blood product transfusions and was informed of the possible risks: Hepatitis, HIV and other blood pathologies, despite the blood having been previously carefully tested.

I declare that I have read and fully understood the above consent and I declare that I was clearly and understandably informed and after through consideration, I give my expressed consent to undergo the proposed intervention.

Full name of the patient Signature

Full name Signature of the family member
or the person authorise to signed for the patient

Full name of the doctor Signature