the San DAY SURGERY
HORNSBY

CONSENT TO MEDICAL OR SURGICAL TREATMENT

MRN	ACN

Surname	Given Names
Admission Date _ _ / _ _ / 2 0 _ _	Admitting Doctor

I, Dr .... have discussed with

.... D.O.B ....../......./.......

the need for him / her to have the following medical treatment and/or procedure ....

....

....

We have discussed what alternatives are available; the nature and risks of this medical treatment and/or procedure; the risk that it may not give the expected result, and the possibility of altered or additional procedures being required. We have also discussed the fact that the medical treatment and/or procedure may involve anaesthetics, medications and/or blood transfusions, blood products and that these also carry risks. On the basis of this understanding, we agree that I perform, and he/she consent to, this medical treatment and/or procedure.

Doctor .... (Name) ....Date......./......./........
(Signature)

Patient .... (Name) ....Date......./......./........
(Signature)

OR

CONSENT BY PERSON RESPONSIBLE TO MEDICAL OR SURGICAL TREATMENT

I, Dr ....have discussed with

.... the person responsible for

....D.O.B ..../....../........

the need for the latter to have the following medical treatment and/or procedure ....

....

....

We have discussed what alternatives are available; the nature and risks of this medical treatment and/or procedure; the risk that it may not give the expected result, and the possibility of altered or additional procedures being required. We have also discussed the fact that the medical treatment and/or procedure may involve anaesthetics, medications and/or blood transfusions, blood products and that these also carry risks. On the basis of this understanding, we agree that I perform, and he/she consent to, this medical treatment and/or procedure.

Doctor ....(Name) ....Date......./......./........
(Signature)

Person Responsible.................................... (Name) ....Date......./......./........
(Signature)

Revised SDSH form May10 V1

Please fax copy to SDSH 94762921

PERF & PUNCH POSITIONING AS PER PREVIOUS BOOKLETS

CONSENT TO MEDICAL OR SURGICAL TREATMENT

MR 1CS