

Patient / Legal Guardian Informed Consent Form regarding the performanc of a surgical procedure



Centrum Medyczne
Szpital MEDYK
w Zimnej Wodzie

Zimna Woda, date

Patient's full name

PESEL

After detailed analysis of your condition we recommend the following surgical procedure:

The patient was informed on

by the doctor

Stamp and signature of the physician

1. about alternative methods of treatment of his/her condition
2. about foreseeable consequences of the surgery
3. about the possibility of complications, including:
 - a. infection
 - b. vascular damage
 - c. nerve damage
 - d. thromboembolic complications
 - e. acute cardiopulmonary failure
 - f. secondary haemorrhage or haematoma requiring blood transfusion
 - g. need for reoperation

h. other:

4. about the possible need to change or extend the procedure. During the performance of the proposed procedure, we may identify the existence of special and unpredictable circumstances that may require modification or extension of the initially proposed procedure. Thus, we also ask for your consent to the modification or extension should such circumstances occur. In the absence of consent, the procedure would have to be interrupted and repeated at a later time, which would be an additional burden on your health.

5. about the possible necessity to withdraw from the procedure. During the performance of the procedure, we may find the existence of special and unpredictable circumstances that may make the risk of the procedure higher than its benefits. In such case, the procedure will be interrupted.

Patient / legal representative's declaration



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- I declare that I had a chance to talk to the doctor and I could ask questions about the method of surgery, alternative treatment methods, and potential consequences or complications of the planned procedure.
- I have fully understood the information provided by the doctor.
- All my doubts regarding the planned surgery have been clarified.
- I don't have any additional questions, I feel sufficiently informed.

Note: if the patient is 16 years of age, the consent is signed by both the patient and the legal representative.

I agree without reservations to the performance of the surgical procedure and any necessary modifications or extensions in the event of a risk of loss of life or serious health impairment.

Date

Patient / legal representative's signature

Doctor's stamp and signature

I do not agree to the performance of the surgical procedure, I have been informed about the possible consequences of this decision for my health and life

Date

Patient / legal representative's signature

Doctor's stamp and signature