

Plastic surgery procedure informed consent form

I, the undersigned, born on in, holder of identity card number, PESEL, being aware of my decision, after a consultation with Dr, I hereby give my voluntary, informed consent and request Dr to subject me to a surgical procedure with anasthaesia. I have been fully informed of the indications for the procedure and of other possibilities and methods of treatment. I have been informed of the scope and type of the operation, its expected outcome, period of treatment and any and all possible local and general complications and of the conditions under which the procedure will be carried out. I know that the procedure will leave permanent scars, there is a possibility of a haematoma or seromatus, wound infection, extended wound healing up to and including necrosis of certain tissues. The sense of feeling may also deteriorate in the area operated on. There may occur complications connected with anasthaesia and I have been informed of them by an anasthaesiologist. There may also occur general complications such as: venous thrombosis, fat embolism, and under particularly adverse circumstances my life may be threatened. I acknowledge that medicine is not an exact science and consequently, despite the best knowledge and intentions, the planned result may not be achieved. There may be also unpredicted complications or even a deterioration of physical appearance. Therefore, the outcome cannot be guaranteed and a supplementary operation may be necessary. I consent to a blood transfusion if one becomes necessary. I consent to taking photographs necessary for medical documentation purposes. I consent / do not consent* to publishing my photographs in specialist literature provided my anonymity has been assured.

***delete as appropriate**

In the event of conducting the operation in accordance with best medical practices and failing to achieve the results expected by me I shall make no claims on this account. In the event of complications occurring not by fault of the physician I shall personally meet the costs of their treatment. I declare that I am healthy, have no no infections: teeth, sinuses, urinary tract, sexual organs, etc. I know that withholding this information may lead to complications. I have provided all details of my past operations and illnesses and medicines currently taken by me. I assume full liability for withholding information. I have carried out all the tests required prior to the procedure: blood group, blood count, electrolytes, clotting system, urea, creatinine, urine test, EKG, lungs X-ray, HCV, HBS. I have been informed of a possibility to be vaccinated against hepatitis B – I have taken the vaccine – I have not taken the vaccine because vaccination is not obligatory and I assume full liability for the consequences of this decision. Over the last six months:

- I underwent an operation.....
- I had a blood/blood derivatives transfusion.....
- I underwent dental procedures
- I underwent cosmetic procedures

- I underwent aesthetic medicine procedures
- my blood was taken for tests.....

I have been informed of the post-operative care. I have consented to this care and received post-operative recommendations. During the consultation with Dr I asked questions and received full answers which I was able to understand. Moreover, I consent to carrying out any and all other impossible to predict procedures apart from the aforesaid operation which may be necessary for achieving the planned result or eliminating abnormalities arising during the operation. Should I find myself during the operation in a state of limited consciousness preventing me from making fully conscious decisions, I also consent to carrying out further operations which may be deemed necessary by the medical team. I am aware that the operator may cancel or postpone the operation and may also commission another specialist to conduct a check-up. My consent is voluntary and no pressure has been exerted on me and I have not been persuaded to undergo the procedure. I declare that I have not withheld from the physician any fact which could affect the course of treatment and its outcome. My motivation for the procedure is informed. I give my consent while being fully aware of my actions and not under the influence of any drugs or other substances. I declare that I will follow any and all medical recommendations and come to the check-up appointment as arranged. I will not drive vehicles during 24 hours after the operation.

PATIENT'S DECLARATION

I hereby confirm that I have carefully read and understood this form. I also declare that I have received clear and satisfactory explanations regarding the purpose of the proposed surgical procedure and the possible to predict risk and the prognosis.

Person authorised to provide information

Phone

I hereby confirm that I have given the patient detailed information about the purpose of the aforesaid surgical procedure and of the risk associated with it.

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