DR. JAN KLEYNHANS
MBChB M Med (UCT)
PLASTIC & RECONSTRUCTIVE SURGEON
PLASTIESE & REKONSTRUKTIEWE CHIRURG

# INFORMED CONSENT FOR OPERATION/PROCEDURE

FULL NAME OF PATIENT: _____AGE:_____

ID. NO: _____FILE NO:_____

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I consent to the following procedure/s:

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These facts about the procedure or treatment have been completely explained to me:

1. Proposed therapy or procedure
2. Expected benefits
3. Possible alternative treatment
4. Inherent risks and side effects of the procedure
5. Probable course if procedure is not done
6. I have been given adequate opportunity to ask questions
7. I understand that it may be necessary to change a procedure if unforeseen circumstances develop or if there are unexpected findings, during the procedure. Such a change would only be carried out if considered absolutely necessary by the surgeon.

Signature:_____

Drs Signature:_____Date: _____

**CONSENT BY PERSON LEGALLY COMPETENT TO GIVE CONSENT:**
I, the undersigned, hereby consent to the performance of and understood the nature, risks and possible consequences of the above procedure to be performed on me/my wife/ my husband/ my child/my dependant.

SIGNATURE OF PERSON GIVING CONSENT: _____



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