

INFORMED CONSENT FOR LAPAROSCOPIC SURGERY

I, the undersigned _____ acknowledge,
Name of Patient

1. That Dr. _____ has informed me about my condition, the treatment options and the proposed procedure.
2. That I have received and read the patient information leaflet on laparoscopic surgery and have understood its contents.
3. That I have been given the opportunity to ask questions regarding any concerns that I have.
4. My questions and concerns have been discussed and answered to my satisfaction.
5. And understand that if complications occur during the surgery they will be treated appropriately.
6. I understand that photographs or video footage might be taken during the operation for record purposes.
7. I also understand that no guarantee has been given that the procedure will cure my condition.
8. I understand that a medical representative / technologist may be present in the theatre.

I hereby consent to the following operation:

SIGNATURE OF PATIENT: _____ AS WITNESS: _____

SIGNATURE OF SPOUSE: _____ AS WITNESS: _____

In case of patient being unable to sign consent.

Consent to be given by Parent, a legal Guardian / Curator / legally eligible person.

Signature of Parent, a Legal Guardian / Curator / legally eligible person.
Relationship

Capacity /

NAME: _____ AS WITNESS: _____