

Informed consent

Patient's full name and surname _____

Full name and surname of parent, guardian, guarantor (where applicable):

1. I hereby give permission to Dr. Melt van Niekerk/ associated colleagues and assistants in his employ, to treat the condition diagnosed, with regards to my hospitalisation. I give permission for them to perform the surgery and /or diagnostic procedure which is known to me as:

2. The operation and or diagnostic procedures have been explained to me in general, understandable terms by Dr Melt van Niekerk, and I understand what I have been told. I understand the risks, dangers, complications and consequences associated with my surgery, anaesthesia and further procedures. I have also been informed of alternative methods of treating the condition.
3. It has been explained to me that there might be unforeseen circumstances during the surgery. This may lead to improvisation and/or change regarding the procedure detailed above. I hereby give permission to Dr Melt van Niekerk and his colleagues and assistant to improvise during surgery, to the best of their academic knowledge, in order to provide the best possible outcome for the surgery. The consent in this paragraph includes all treatment of conditions that were not known to Dr. Melt van Niekerk at the start of the surgery
4. I give consent for the administration of blood products, either during or after the surgery, if the need so arises. I understand that the administration of blood products (blood transfusion) has associated risks which have been explained to me by Dr. Melt van Niekerk. These include but are not limited to fever, rash and allergic reactions. HIV and viral hepatitis are possible diseases which can be transmitted via blood transfusions and I am aware of this. I am also aware that I may donate my own blood or I may ask for a specific blood donor to provide blood for me, if time allows for this.
5. I have also been informed of the risks of complications such as excessive blood loss, infection and heart attack that can associate any surgical procedure preformed. I am also aware that medical science and surgery is not an exact science. I am aware that there is no absolute guarantee regarding the results of the above mentioned surgery, procedures and diagnostic tests
6. I give further consent for the destruction or re-use of any human tissue / part during the duration of the surgery. This is strictly done according to the law.
7. I also give consent that medical representatives from the company supplying the material necessary to preform the surgery are allowed into theatre
8. I also give consent that photographic material may be taken during the surgery, for educational purposes. I am aware that my identity will never be made known either in photographic material or in written material.
9. I take note that Dr. Melt van Niekerk is practicing in his own capacity and that he is not affiliated with any hospital group. He can also not be held liable for the actions of any hospital personnel or therapists
10. Please take note that it is your own responsibility to obtain your prosthetic limit from your medical aid and to inform Dr. M. van Niekerk in order to make sure that the implants used will not result in extra costs for your account.

I the undersigned am fully aware of the content of the document above

Signed in Pretoria on this _____ day of _____ 20 _____

Patient

or

Signature of the parent /guardian/guarantor in the case of a minor or patient who is unable to give consent