

MEDICAL TREATMENT / PROCEDURE / EXAMINATION CONSENT FORM

I have discussed my present condition and the various ways it may be treated with Dr _____

The doctor and u have agreed on the following method of management:

The doctor has discussed with the following:

- The nature and purpose of the treatment
- Additional methods of management that may be necessary if something unexpected happens
- The complications that may occur
- That the outcome of a method of medical management can never be absolutely guaranteed, even though it is carried out with due care

As a result of these discussions:

- I understand the nature and purpose of the treatment
- I understand that undergoing the method of treatment carries risks
- I have had the opportunity to ask questions and have been satisfied with the explanations and answers
- I have discussed alternatives to this method of treatment and have chosen to proceed with this method
- In the event of tissues being removed from my body, I understand that my tissue will be used for diagnostic and treatment purposes. I understand that it will be kept and may be used for ethically approved research, education and laboratory quality procedures

I, _____ (full name of person giving consent) of,

_____ (address of person giving consent)

Consent to _____ (myself or name of patient) undergoing the medical management / procedure set out above. The risks, complications, nature and effects of this management and the potential for any additional costs have been explained to me and I understand these.

I have been informed of the following equipment costs:

- Total out of pocket cost start from \$ 100

I also consent to the administration of local anaesthetic or other products necessary in the administration of this management.

Signed: _____ Dated _____