

OPERATION CONSENT FORM

I, _____ hereby give consent for a(n) _____

Operation/procedure on myself/ my child/ my dependant

on ____/____/____

I hereby also give/ don't give consent for a blood transfusion if deemed necessary by the doctor.

I hereby also give / don't give consent that my X-rays / clinical pictures may be used by the doctor for teaching and research purposes and may be published on doctor's website.

I understand that complications may occur after any surgical procedure. The following potential complications of this specific surgery were discussed with me by _____:

- Post-operative infection
- Numbness / sensation loss around scar
- Bleeding
- Pain / Discomfort
- Injury to adjacent structures like nerves / blood vessels / tendons
- Recurrence of symptoms after surgery
- Partial correction / recurrence of the deformity

I understand everything in this document and was given ample opportunity to ask questions and discuss concerns relating to the procedure

Patient/Guardian

Obtained by

Witness