

CONSENT TO SURGERY, PROCEDURE or TREATMENT

I, the patient / parent / guardian, _____ (name of person signing)

hereby authorise Dr. Nicholas Rogers, and such assistants as may be appointed by him, to perform the following surgery, procedure or treatment on myself, my child or person under my care (name of person having surgery/sticker):

LEFT / RIGHT

* I understand that any surgery, investigation or treatment will only be carried out if deemed necessary, is in my (or my child's) best interest and can be justified by medical reasons.

* I recognise that during the course of the operation, unforeseen conditions may necessitate different procedures to be performed than those outlined above. I therefore authorise Dr Nicholas Rogers to perform such procedures when deemed necessary to achieve the best possible surgical outcomes. The authority granted under this paragraph shall include all conditions that require treatment which are not known at the time the procedure has begun.

* I understand that I may withdraw consent to, or refuse treatment, at any time.

* I understand that not having surgery is also an option, and that alternative treatment options, including conservative management may be considered.

* I consent to the administration of anaesthesia as deemed necessary. I understand that all forms of anaesthesia involve risk and the possibility of complication, injury, and sometimes serious harm.

* I understand that implantation of medical devices such as plates, nails or screws may be required, and that they carry with them potential risks and possible complications. Should they need to be removed or replaced a second operation will be required.

* I consent to be photographed before, during, and/or after the procedures, where needed for medical purposes only, and that my identity shall remain confidential at all times.

* I consent to the disposal of any tissue, medical device or body part which may be removed.

* I consent to the use of blood products should they be deemed necessary and I am aware that there are potential significant risks to my health with their utilisation.

* I authorise the release of my identity number and other personally identifying data to appropriate agencies for legal reporting and medical-device registration if necessary. I also agree to the use and disclosure of my medical information to any other medical service providers as my surgeon sees fit. The practice may also keep my medical record on file and disclose relevant information to the medical aid, typically diagnosis and ICD10 codes.

Initial:

*I agree that a sample of my blood may be taken and tested for hepatitis B and the Human Immunodeficiency Virus (HIV) should an incident of contamination of a health worker occur.

*COVID 19 / SARS COV2 virus. I understand that the virus can spread easily from one person to another. Infection can be asymptomatic and may be missed on routine testing. I understand that I could contract the COVID 19 virus by visiting the hospital, being kept in a ward or during my surgical procedure. I understand that contracting SARS COV2 can be fatal or result in permanent disability.

* I understand that this practice does not necessarily charge the rates that my medical aid has decided upon and that my medical aid may not cover the full amount invoiced. It's my responsibility to familiarise myself with my chosen medical aid plan. Payment of the account is fully my responsibility and should I not pay timeously, I will be liable for debt and recovery costs.

We do submit accounts to medical aids, but depending on your specific plan there may be a shortfall and payment of this will be for your account. Where possible, kindly email the rooms for a cost estimate prior to surgery at admin@orthotrauma.co.za Please note that if a secondary procedure is necessary, further expenditure will be required and additional costs may be incurred should complications arise from that surgery.

CONCLUSION

By signing this document, I agree that:

The information in this document has been explained to me in way that I understand, and I am satisfied with the ex-planation. Alternative treatments have been discussed, including no treatment at all and/or conservative treatment. I understand that all operations carry with it inherent risks and potential complications. Common and serious complications have been explained to me & an information brochure issued. I will contact the doctor immediately if any worrying or 'red flag' symptoms develop. I agree to adhere to the doctor's recommendations to help optimise the result of the procedure. The account is ultimately my responsibility should my medical aid not pay the full amount invoiced.

I, the undersigned, hereby willingly and knowingly consent to, and understand the nature, risks and possible consequences of the planned surgery on; myself, my child, or person under my care. The doctors who perform the surgery may increase the reasonable scope thereof or carry out additional or alternative measures if considered necessary to obtain the best possible outcome.

Patient (or person authorized to sign for patient)

Name: _____ Signature: _____

Date: _____ Witness: _____

I, Dr Nicholas Stuart Rogers, have explained the nature, method, risks and possible consequences of the planned surgery to the undersigned patient or person legally competent to give consent.

Signature: _____ Date: _____