

NAIROBI SCULPT AESTHETIC CENTRE



CONSENT FOR SURGERY / OPERATION / PROCEDURE(S)

1. I authorize the performance of the following operation / surgical procedure(s) to be performed upon _____ by or under the direction of Drs. _____
2. I UNDERSTAND THAT THE PHYSICIANS, ANAESTHESIOLOGISTS, AND OTHER HEALTH CARE PROVIDERS WHO PARTICIPATE IN THE OPERATIONS OR PROCEDURE ARE **INDEPENDENT CONTRACTORS AND ARE NOT EMPLOYEES OR AGENTS OF THE SURGICAL CENTRE**, AS FULLY SET FORTH IN THE "ACKNOWLEDGEMENT OF UNDERSTANDING OF SERVICES PROVIDED BY INDEPENDENT CONTRACTORS" PROVIDED TO AND EXECUTED BY ME OR MY REPRESENTATIVE. Patient's Initials _____
3. My physician(s) has fully explained to me the condition requiring treatment and the nature, purpose, risk and benefits of the operation(s) / procedure(s), possible alternative methods of treatment, including non-treatment, and the possibility of complications. I was given the opportunity to ask questions and any such questions were answered to my satisfaction. No guarantee or assurance has been given by anyone as to the results that may be obtained. I am aware that the practice of medicine and surgery is not an exact science.
4. My consent is given with the understanding that any operation or procedure, including anaesthesia, involves risks and hazards. The more common risks include; but are not limited to: infection, bleeding requiring blood transfusion(s), nerve injury, blood clots, heart attack, stroke, allergic reaction(s), damage to teeth or bridgework, and pneumonia. These risks can be serious and possibly fatal.
5. Surgical operations and special diagnostic or therapeutic procedures all involve RISKS OF COMPLICATIONS, SERIOUS INJURY, OR DEATH, from both known and unknown causes. Therefore, except in cases of emergency or exceptional circumstances, these operations and procedures will not be performed unless I have had an opportunity to discuss them with my physician. I have the right to consent to or refuse a proposed operation or special procedure.
6. I consent to the performance of operations or other procedures in addition to or different from those now contemplated whether or not arising from presently unforeseen conditions, including the implantation of medical devices, which the above named physician(s) or his/her associate(s) or assistant(s) may consider necessary or advisable in the course of the operation.
7. I understand the risks, benefits, and alternatives to the type and method of anaesthesia or sedation recommended, and I consent to the administration of such anaesthesia as may be considered necessary or advisable by the physician(s) for this surgery / procedure, with the exception of _____ anaesthesia.
8. I understand this surgical centre is owned by physician/surgeon investors who also perform procedures at the surgery centre, and that I may ask my physician/surgeon or the centre administrator for further details.

Patient's Initials: _____

9. I consent to the photographing or videotaping of the surgery or procedure(s) to be performed, including appropriate portions of my body for medical, scientific, or educational purposes, provided that my identity is not revealed by the pictures or by descriptive texts accompanying them.
10. I consent to the presence of observers in the operating room, such as students, medical residents, medical equipment representatives, or other appropriate parties approved by my surgeon(s).
11. I consent to the disposal of any human tissue or body part which may be removed during the surgery / procedure(s).
12. If complications arise, I agree to be admitted to the hospital of my surgeon's choice.
13. I have been advised that there is a possibility of damage to teeth during surgery and administration of anaesthesia, particularly if the teeth are weak, loose, decayed or artificial, and I waive any claim for damage to teeth as a result thereof.
14. I understand that, unless instructed otherwise, I am required to have a responsible adult accompany me after my surgery / procedure(s) and that I will be released to that person's custody, and must rely upon him/her for my return home and supervision, as instructed.
15. I release the surgical centre from any responsibility for loss of and/or damage to money, jewellery, or other valuables I have brought to the surgical centre.
16. I understand that if I am pregnant, or if there is the possibility that I may be pregnant, I must inform the surgical centre immediately since the scheduled surgery / procedure(s) could cause harm to my (unborn) child or myself.
17. If I am not the patient, I represent that I have the authority of the patient whom, because of age or other legal disability, is unable to consent to the matters above. I represent that (a) I have the full right to consent to the matters above; (b) I agree to release, indemnify, and hold harmless the surgical centre, its employees, agents, medical staff, partners, and affiliates from any liability or cost arising out of my lack of adequate authority to provide the consent set forth herein.
18. I understand that should a health care professional sustain a puncture, mucous membrane or open wound exposure to my blood or other bodily fluids during the process of my treatment, the surgical centre may perform a blood test for HIV (the AIDS virus). A test for Hepatitis B and C (and any other blood-borne infection) may also be drawn.
19. I have not had anything to eat or drink since _____.

Patient's Initials: _____

MY SIGNATURE BELOW CONSTITUTES MY ACKNOWLEDGMENT THAT:

1. I have read, understand and agree to the foregoing;
2. The proposed surgery / procedure(s) have been satisfactorily explained to me and that I have all of the information that I desire;
3. I hereby give my authorization and consent.

PATIENT (or Person assigned to sign on behalf of the patient)	_____	_____	_____
	NAME	SIGNATURE	DATE & TIME
Witness	_____	_____	_____
	NAME	SIGNATURE	DATE & TIME

I hereby certify that I have discussed all the above with the patient. I have offered to answer any questions regarding the procedure and believe the patient fully understands what I have explained and answered.

Dr. _____

Date & Time

Patient's Initials: _____

ANAESTHESIA:

I acknowledge that the anaesthesiologist has reviewed the proposed anaesthetic with me and answered my questions in this regard. I understand that anaesthesia involves additional risks and hazards but I request the use of anaesthetics for the relief and protection from pain during the planned and additional procedures. I realise the anaesthesia may have to be changed possibly without explanation to me. Although

modern anaesthesia is considered safe I understand that certain complications may very occasionally result from the use of any anaesthetic, such as drug reactions(usually minor), respiratory, recovery problems and although extremely unlikely, death(1:250,000). Other risks and hazards include minor throat discomfort post operatively (temporary only), as well as injury to vocal cords, or teeth (very rare). Please inform the anaesthetist regarding any previous dental work.

I hereby certify that I have discussed all the above with the patient. I have offered to answer any questions regarding the procedure and believe the patient fully understands what I have explained and answered.

PATIENT (or Person assigned to sign on behalf of the patient)			
	NAME	SIGNATURE	DATE & TIME
Witness			
	NAME	SIGNATURE	DATE & TIME

Anaesthesiologist (Name & Signature)

Date & Time

Patient's Initials: _____