



Form

MU-KK-01.6.1.2. F01
Version: 05

Special informed consent

Issued: 02.03.2018

Surgery/intervention		
1	Cause of the planned surgery/intervention (diagnosis/symptom)	
2	Description/type of the planned surgery/intervention	
3	Planned date of the surgery/intervention	
4	Operating physician/person performing the intervention	
5	Anamnestic events listed by the patient having importance with respect to the surgery/intervention; the current condition	
6	Preparatory actions and medication necessary for the surgery/intervention	
7	Short description date of the surgery/intervention	
8	Most frequent possible complications	
9	Measures to be taken after the surgery/intervention	
10	Other pieces of information individually concerning the patient and known to the attending physician	

For the efficiency of the treatment I am providing answers to the posed questions in my own interest and by being aware of my responsibility, and I am providing information about all the facts and circumstances of importance known by me. I am aware of and acknowledge the fact that concealing these pieces of information may cause or increase the risk factors and complications of the necessary treatment performed with my consent.

I have understood and acknowledged the verbal and written* patient information of ID No. pertaining to this informed consent; and in a language comprehensible to me I have received satisfactory answers to my questions related to the recommended therapy, the possible complications, and the expectable outcome of the intervention.

I acknowledge that unforeseeable complications may occur even with interventions performed in total compliance with the rules of the profession, which may disadvantageously affect the expectable healing period and the outcome itself.

I hereby declare that I will immediately present myself at the care providing unit in case of any possible complication is suspected/noticed. In case if I fail to attend the agreed control and follow-up examinations and if I show non-compliance with the instructions I acknowledge that I shall bear the responsibility for all possibly resulting consequences.

Dated:

After reading the patient information* and also receiving the pieces of information verbally presented to me **I give my consent** to the offered surgery/intervention:

.....
 Signature of the patient Signature of the person entitled to make a declaration Signature of the physician

Despite reading the patient information* and also receiving the pieces of information verbally presented to me **I do not give my consent** to the offered surgery/intervention:

.....
 Signature of the patient Signature of the person entitled to make a declaration Signature of the physician

The part marked with an * should be stricken through if written patient information was not provided.