**www.chiroplastica.pl Wrocław, …………………………(date) **

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**STATEMENT: INFORMED CONSENT TO SURGICAL OPERATION OR TO TREATMENT**

Patient/s name and last name:

Address of residence:

Date of birth:

Type of surgery:

Type of anesthesia planned:

I, the undersigned /*name and last name*/ under art.32- 35 of the Act of 5 December 1996 on Professions of Doctor and Dentist (Journal of Laws 2008 no. 136, item. 857, as amended, and art. 19 section 1 point 3) of the Act of 30 August 1991 on health care (Journal of Laws 2007 no. 14 pos. 89 as amended.) agree that **Dr**  perform the planned, above-described surgical procedure. I declare that I was given comprehensive and accurate information about the state of my health, illnesses and the medicines I have been taking. Furthermore, I declare that I was informed in a comprehensive manner and in a language understandable to me about:

1. The need and method to get prepared for the surgery, including the need for earlier termination or interruption of therapy which I am subject to;

2. The type of surgery, expected duration, method of anesthesia and the expected outcome;

3. Typical, the most common complications of the surgery performed;

4. Method of proceedings after the surgery, including the need to implement drug therapy;

5. The typical, most common complications related to the implemented drug therapy;

6. The need for consultation visits following the surgery;

7. Negative consequences and complications that can occur due to late application of the doctor's recommendations.

8. Possible complications associated with surgery and the course of healing that can result from failing to apply the doctor's recommendations.

9. Cost of the surgery and treatment, which I accept.

I am aware that the achievable effect of the treatment, the healing period and the effectiveness of any post-operative therapy cannot be strictly defined, which results from the nature of the planned surgery. I am also aware that the final effect of the treatment, as well as the postoperative period are individually and closely related to each case.

I am also aware that the ultimate effect of the surgery depends on many factors, including my health, age, skin elasticity, response of the whole organism and skin to the medication given. Before the surgery I was fully informed about the fact that the final effect of the treatment is not identical in each case and may differ from the results that were achieved in other patients.

I am aware that during the procedure, treatment and anesthesia there may occur unforeseen circumstances which, if disregarded, could lead to danger of life loss, serious injury or severe health disorder, which require additional treatments. I hereby agree that the doctor authorized to carry out the planned surgery should perform additional procedures that may be necessary due to the above mentioned circumstances. The consent given in this paragraph shall also take into account any conditions requiring medical treatment, unknown to my doctor at a time when the treatment began.

I agree to be given the proposed anesthetics, including those suggested to me against the postoperative pain. I understand that all forms of anesthesia are subject to a degree of risk and the possibility of complications, injury, and sometimes death. I declare that I have read the pre- and postoperative recommendations. I hereby undertake to comply with all medical recommendations, including post-operative recommendations, which will be presented to me in writing, after the surgery performed, as well as to report check-ups scheduled within the given deadlines.

I declare that I had the opportunity to ask the doctor questions about the planned surgery, possible complications, the risk of complications, further treatment, postoperative recommendations, and the responses were given in a fully understandable and detailed.

I was also informed about alternative methods of treatment (including the discontinuation of treatment) and alternative treatments. I declare that the content of the consent has been presented to me prior to surgery, and the time elapsed between handing the consent text to me and the execution of the procedure was entirely sufficient for me to read it in detail and fully understand its content.

I agree to preparation of documentation related to the surgery, as well as to photographing, recording the course of the procedure by means of image and sound recording for medical, scientific or educational purposes, provided that my identity shall not be disclosed.

I agree that during the treatment there are persons present, who are necessary to perform the procedure, and other persons whose participation in the procedure is strictly educational, and shall include only observation of the procedure and getting familiar with surgery-related documentation.

I am aware that the basis for a civil claim against the doctor are not cases when the result of the surgery is not identical with my expectations, despite the utmost diligence and completion of all procedures, both during and after the surgery, procedures that are compliant with the requirements of current medical knowledge.

I hereby agree to the disposal of, and what goes with it removal of medical equipment used during the surgery and the tissues and/ or body parts that have been removed during the surgery.

I confirm that I submit this statement with full awareness and with freedom to take a decision, and to express my own will, without being misled by anyone, I do not act under the influence of an error caused by anyone and I submit this declaration without anybody trying to exploit my health condition, situation, infirmity or inexperience. I declare that when signing this treatment consent I am not under the influence of alcohol or any drugs.

I declare that I indicated as my contact person **Mr/Ms , tel. no.** This person has the full right to obtain information about the planned surgery, the state of my health and prognosis, and has the full right to receive copies, duplicates and extracts from my medical records.

I declare that I have read text above in detail and I hereby give an informed consent to have the surgery performed.

I have more questions, or any doubts.

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(Date and signature of patient / client or legal guardian)

