



Hb

Dr Hennie Bosch
MB.Ch.B (Stell), M.Med (Ortho) (Stell)

Ortopediese Chirurg / Orthopaedic Surgeon

Consent to Medical Treatment or Operation

I, the undersigned

(Full names)

Hereby consent to a/an

Operation on / medical treatment of myself/dependant by

Dr. HB Bosch
(Orthopaedic Surgeon (PR NR 0207497))

(Full names of Patient)

The nature of and effect whereof were explained to me and which I understand, and to such further or alternative operation(s) and / or treatment which may be regarded as necessary or advisable in the course of the abovementioned operation/treatment, and also to the

Administration of a general or other anaesthetic for the purpose of performance of the said operation/alternative operation(s) and / or medical treatment.

I further consent to any X-ray examination / other form of diagnostic examination / laboratory procedure / clinical or hospital service(s) which must be performed on myself / the patient in compliance with the instructions, generally or specifically, by the doctor(s) who will perform the operation(s) and/or treatment.

I acknowledge that I have been informed of my/the patient's health status, the range of diagnostic procedures and treatments generally available to myself / the patient, the benefits, risks, costs and consequences generally associated with each option, my / the patient's right to refuse health services and the implications, risks, and obligations of such refusal.

I/the patient have / has been informed of all the above in a language understood by me / patient.

Signed at; Durbanville