



Request for Surgical Operation or Interventional Procedure

I, Dr _____ have discussed with the patient / parent / guardian, the patient's present condition, alternative treatments available, and explained the benefits and risks of the proposed operation / procedure which is _____.

Medical Officer's Signature

I,
(person signing)

of
(address)

request the above operation/procedure to be performed on me/upon

.....
(Name of Patient)

I also request the administration of anaesthetics, medicines, blood transfusions or other forms of treatment normally associated with this operation/procedure.

I understand that other unexpected operations/procedures may be necessary and I request that these be carried out if required.

I understand that a sample of blood may need to be tested, if there is an injury to either my doctor or a hospital staff member during the proposed operation/procedure.

Although this operation/procedure will be carried out with all due professional care and responsibility, I understand that in some circumstances the expected result may not be achieved.

I also understand that complications may occur with any operation/procedure, and I accept the possible risks associated with this operation/procedure and will be responsible for costs incurred.

I have had the opportunity to ask questions about the operation/procedure, and I am satisfied with the information I have received.

Following surgery I will have a responsible adult accompany me home by motor vehicle and stay with me for up to 24 hours following surgery, and I have made arrangements for this. I realise that impairment of full mental alertness may persist for several hours following the administration of anaesthesia and I will avoid making any decisions or taking part in activities which depend on full concentration, co-ordination or judgement for 24 hours.

Signature of Patient / Parent / Guardian / Other (specify below)		Signature of witness to the patient's signature	
Specify relationship to patient		Full name of witness	
	PRINT		PRINT
Special Provisions (if applicable)		Address of witness	
		Date	

Do not write in this space.