

Consent to operation, anaesthesia, special treatment, or procedures

1. I _____ (Name of patient/guardian) hereby authorize
Dr JJ Naudé, associates and assistants as designated by him to treat the conditions which appear indicated by the
diagnostic studies already performed in connection with _____
(The patient/my child/ family member)

hospitalization in _____ Hospital (circle the correct option)
UNITAS/WILGERS/CUREDAY

I authorize them to perform the operation or diagnostic procedure(s) known as:

The operation and/or diagnostic procedure(s) has/have been explained to me in laymen. terms by Dr JJ Naudé and I understand its/their nature.

- I have been made aware of certain risks, hazards, complications, and consequences that are associated with the above operation, anesthesia, treatment(s), and procedure(s), as well as possible alternative modes of treatment.
- It has been explained to me that during an operation unforeseen condition may be revealed that necessitate an extension of the original procedure(s) or different procedure(s) set forth in paragraph 1. I therefore authorize and request that Dr JJ Naudé, associates, and assistants perform such surgical procedures as are necessary and desirable in the exercise of their professional judgement. The authority granted under this paragraph shall extend to treating all conditions that require treatment and are not known to the physician performing the authorized operation or procedure(s) at the time the operation is commenced.
- I have been informed that there are other risks, including but not limited to severe loss of blood, infection, and/or cardiac arrest, that are associated to the performance of any surgical procedure. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees or assurances have been made to me concerning the results of the abovementioned operation, treatment(s), or procedure(s).
- I consent to the presence of a company representative should the doctor elect that he/she is present in theatre. It is understood that the company advises theatre staff on his/her company's medical devices to be used. I consent/ do not consent to the taking of photographs and collecting or using clinical information for clinical/research/registry purposes only. I understand that the doctor will not use these photographs or information in any manner that will identify me.
- I acknowledge that the conditions specific to the COVID-19 pandemic have been explained to me and I understand that there are screening protocols for patients being admitted for surgery (elective and emergency); I may be required to submit a COVID-19 negative test before being allowed to enter the hospital for surgery; despite feeling completely well I/we may still be or become infected with the COVID-19 virus and there is a significant risk of serious illness or dying after any surgical procedure because of this infection.
- I am aware that Dr Naude's tariff for all surgical procedures is 217% (Discovery Classic Saver plan tariff). *(Please check your own medical aid tariff. Most medical aids only cover 100% of the tariff and the patient is then responsible for the remaining 117%).*
- I am aware that the quote sent to me is merely an estimate and that the final amount may increase or decrease due to added/removed/changed codes or extended procedure time.

Patient signature or signature of person authorized to consent for patient if minor (under 18) or otherwise, incapable, or incompetent to give consent.

Date:

Dr JJ Naudé