

Dr Johan de Beer

MB ChB (Pret) M Med Ort (Pret) FCS (S.A.) Ortho
ORTOPEDEIESE CHIRURG / ORTHOPAEDIC SURGEON
PR. NO 280 6347

P O Box 441
WIERDA PARK
0149

Rooms: (012) 664 0521
& Fax: (012) 664 0960

Suite G10
UNITAS HOSPITAL
39 Clifton Ave
LYTTTELTON MANOR

SURGICAL CONSENT

I,, the patient, or the legal guardian/responsible person,
ID hereby consent to the performance of
..... on myself/the patient on date

Dr de Beer explained the nature of extent of the procedure, as well as the reason why the procedure is indicated.

He discussed the course, implications and possible complications, as well as alternative treatment options. Specific complications pertaining to this procedure includes bleeding, infection, deep vein thrombosis, nerve or muscle injury and leg length discrepancy. I understand that as far as possible precautions are taken to prevent complications. I understand that i/the patient will experience pain, but that all reasonable measures to minimize pain and discomfort will be taken. I understand that unforeseen problems may occur.

I consent to any hospital and allied health services medically indicated, or prescribed by the doctor, including surgery, radiology, diagnostic procedures, anesthetic, the use of blood or blood related products, or laboratory test (including HIV testing in the case of sharp object injury of one of the treatment team). I realize that other doctors will also be involved in my/the patient's treatment, and that this consent extends to them as well.

I understand that I/the patient am responsible for the relevant fees as discussed, or for the usual relevant fee for the procedure. I understand that I/the patient am responsible for any co-payment for any implants, bone-graft, hospital co-payment or any other expense not covered by the medical aid.

I consent to the presence of a medical representative in theatre, should the doctor deem this necessary. I understand that this is for technical assistance with the use of the various companies devices. I understand that all information will be dealt with in strict confidence.

Regarding the Covid 19 pandemic I understand the following:

1. There are general risks regarding Covid 19. A patient may shed viral particles in the prodromal phase without experiencing any symptoms. Infection may thus spread without the patient being aware of this.
2. Presently no specific treatment is available for Covid 19, and that an appropriate vaccine will probably only be available in 6 – 12 months.
3. Covid 19 infection may be fatal, and the risk increases with age, certain co-morbidities, and the extent and duration of surgical procedures.
4. Even if one feels perfectly healthy, there is still a risk of contracting Covid 19, with the possibility of serious illness or even death after surgery.

Dr de Beer gave the opportunity for questions. I understand the given information, and hereby consent to the performance of the mentioned procedure. Dr de Beer allowed me the right to grant my own informed consent regarding my healthcare. I give my consent at any time before the procedure. I also give my consent that my/the patient's processing of the relevant treatment information may be shared by parties involved in the processing of the administration and payment of the treatment.

In the event of allegations of negligence, I agree to embark on mediation prior to embarking on litigation.

.....
Patient/Guardian

.....
Date

.....
Witness