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CONSENT FORM

Patient's agreement to treatment

Patient's details:

First name:

Family name:

Place & date of birth:

Address:

Statement of health professional:

I have explained the procedure to the patient. In particular, I have explained:

Diagnosis:

Proposed procedure:

.....

Risks and complications:

This procedure will involve:

*General Anaesthesia

*Local Anaesthesia

*Sedation

Date:

Name:

Statement of the patient:

I am fully aware of the benefits and risks of the proposed procedure, all my questions have been thoroughly answered.

I agree to the procedure or course of treatment described on this form.

Date:

Name(PRINT):

Signature: