

**CONSENT FOR SURGICAL OPERATION OR INTERVENTIONAL
PROCEDURE**

I, Dr. Paul J. Belt, have discussed with the patient/parent/guardian the patient's present condition, and alternative treatments available, and have explained the benefits and risks of the proposed operation or procedure.

The proposed operation / procedure is

Dr. Paul J. Belt.....

I,
Of
Request the operation / procedure to be performed on me / upon (insert name of patient).....

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

I understand that a sample of my blood may 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 might not be achieved.

I understand that complications may occur with any operation / procedure, and I accept the possible risks associated with this operation / procedure.

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

.....
Signature of Patient / parent / Guardian

Date

.....
Signature of Witness to Patient's signature

Name of Witness

.....
Address of Witness

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