



(Orthopedics) 70

INFORMED CONSENT FOR OPERATION/PROCEDURE

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Patient name :

Age :

Sex:

Orthopedic surgeon:

Ward:

IP number:

MRD number:

Diagnosis: _____

1. I hereby give consent to following procedure/ operation hereafter referred to as Procedure: _____
2. I have been advised of the benefit cost and reason for the procedure as indicated by the clinical observations performed I acknowledge that no guarantee have been or can be made regarding likelihood of success or outcomes.
3. I have been informed that major risks involved in the above procedure are listed as follows:
ORTHOOPAEDIC SURGERY
4. I have been advised at cut the existing alternatives in treatment and prognosis of the same and risks in having the procedure.
5. I authorise Dr _____ and such assistant and Associates as may be selected by him / her to perform any part of the above procedure upon myself and have been advised and agree that any member of this team may perform any part of the above procedure according to his / her stage of training and ability in opinion of the above name the surgeon the experience and the capability of the assistant surgeon justifies such a decision
6. As with any procedure I am aware that risks such as blood loss, infection, heart failure, change in blood pressure, anaesthetic, allergic reaction, blood clot in legs etc, may arise necessitating attention therefore in addition to consenting to the performance of particular procedure I also consent and authorize the reading of such other care and treatment as main surgeon or his designee reasonably believes necessary should one or more of these and / or other enforceable events occur.
7. I give consent to administration of blood for blood product transfusion during this procedure and immediate postoperative.



कर्मचारी राज्य बीमा निगम
Employees' State Insurance Corporation
(Ministry of Labour & Employment, Government of India)

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8. I consent to photography or televising of the procedures to be performed for the purpose of advancing medical education or its Publication in scientific journals provided my identity is not revealed by pictures or descriptions in the accompanying text in an effort for the medical service and education I consent to and authorize the presence of and observation of procedures by qualified observers.
9. I understand the need of bone graft in situation which may arise as and when needed, donor sites, procedure for grafting and all possible complications of bone grafting either donor site or receiver site have been explained to me, I hereby give consent for bone grafting if situation arises intra-operatively .
10. Having understood above I hereby give my valid written consent for the procedure and do not hold any hospital doctor/staff for any untoward complication as explained in addition to what is mentioned in standard literatures for the procedure.

	Signature	Name	Date	Time
Patient				
Witness/nursing staff				
Doctor				
Interpreter				

CONSENT OF PATIENT REPRESENTATIVE /SURROGATE

The patient is unable to consent because : _____ And I, _____
Relation to patient _____ therefore consent for the patient, I acknowledge that I have had an opportunity to discuss this procedure, as stated above by the doctor or the designee and hereby consent to the procedure .

	Signature	Name	Date	Time
Patient representative with relation				
Witness/nursing staff				
Doctor				
Interpreter				