DR. DEON P. ROSSOUW

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OOR-, NEUS- & KEELSPESIALIS   EAR, NOSE & THROAT SURGEON

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DR DEON ROSSOUW – EAR, NOSE AND THROAT SPECIALIST

GENERAL CONSENT FOR SURGICAL PROCEDURES

You have been given information about your condition and the recommended surgical procedure to be undertaken.

This consent form is designed to provide a written confirmation of such discussions and the medical information given to you. It is to ensure that you are appropriately informed on the procedure as well as possible risks.

I acknowledge that the doctor has explained:

- ✓ My medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks as explained to me;

- ✓ The anaesthetic required for the procedure. I understand the risks, including the risks that are specific to me;

- ✓ Other relevant procedure / treatment options and their associated risks;

- ✓ My prognosis and the risks of not having the procedure;

- ✓ That no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care

- ✓ Dr. Rossouw did refer me to his website (www.earandnosesurgeon.co.za) for more information regarding my procedure.

Surgical procedures

- Tonsillectomy, Adenoidectomy
- Grommets
- Functional Endoscopic Sinus Surgery
- Septumplasty
- Tympanoplasty, Ossicular Repair
- Stapedectomy
- Cauterisation of nose

I have read, and understand, and accept the unlikely, but possible risks and complications of my surgery as stated. Alternative methods of treatment have been discussed with me.

Name of Patient: --------------------------------

Name of Parent / Guardian: --------------------------------

Signature: --

Date: --

Witness: --