CONSENT TO OPERATE

HOSPITAL:  [CLINIC]
CLINICAL DEPT: Plastic Surgery
WARD: [WARD]

The undersigned hereby consent to the administration of general or other anaesthetic and to the performance of an operation.
The nature and possible effects of which have been explained to me and which I understand.

Name of patient: [NAME]
I also consent to such further or alternative operative measures as may be found necessary during the course of the above-mentioned operation.

I understand that an assurance has not been given that the operation will be performed by a particular medical practitioner.

Signature of patient/father/mother/guardian/husband/wife/near relative (capacity): [SIGNATURE]

Witnesses 1: [NAME]
Witnesses 2: [NAME]

Date: [DATE]
Time: [TIME]

---

Operation

Date
Theatre
Duration of operation: from [AM/PM] to [AM/PM]

Mark with a cross in the appropriate box

- Swabs
- Instruments
- Suture needles

Complete
Incomplete