

## CONSENT TO OPERATE

G.P.S. 81/500903

TPH3

HOSPITAL CWJAH CLINICAL DEPT Plastic Surgery WARD L94  
~~Charlotte Maxeke Johannesburg~~  
 I, x Chantal Wessels the undersigned hereby consent to the administration of a

general or other anaesthetic and to the performance of an Publishing Donovan Rogier's operation.  
 The nature and possible effects of which have been explained to me and which I understand on myself/my child/my

husband/my wife the patient Donovan Rogier I also consent to such further or  
Name of patient  
 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)/Clinical Executive.

Witnesses 1. [Signature] Date 21/06/2017 Time 09h30  
CMECB  
 2. [Signature]

Delete that which is not applicable

| PARTICULARS OF OPERATION   |  |                          |                          |
|--|--|--------------------------|--------------------------|
| Date _____ Theatre _____<br>Duration of operation: from _____ am/pm to _____ am/pm | Mark with a cross in the appropriate box |                          |                          |
|  |  | Complete                 | Incomplete               |
| Swabs  | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Instruments  | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> |
| Suture needles   | <input type="checkbox"/>                 | <input type="checkbox"/> | <input type="checkbox"/> |