



BON SECOURS HOSPITAL
DUBLIN 9

CONSENT BY PATIENT

To be signed either in consulting rooms or on admission to hospital

I..... of.....

hereby consent to undergo the operation/procedure/treatment of.....

The nature, benefits, risks, alternatives and complications associated with this operation/procedure/treatment have been explained to me to my satisfaction.

Dr./Mr./Prof.....

I also consent to such further or alternative operative measures as may be found necessary during the course of the operation/procedure/treatment and to the administration of a general, local or other anaesthetic for any of those purposes.

Date..... Signed.....
(Patient)

I confirm that I have explained to the patient the nature, benefits, risks and alternatives associated with this operation/procedure/treatment.

Date..... Signed.....
(Medical Practitioner)

