

## **DOCTOR'S INFORMED CONSENT RECORD**

I, the undersigned,	(full names),	
consent to the medical / surgical procedures / tests / treatment referred be	elow.	
I acknowledge that I have been informed by Fertility and Women's Health	Centre of	
racknowledge that thave been informed by referring and women's freath		Ν
My / the patient's health status		_
The range of diagnostic procedures and treatment options generally available the patient	ilable to me /	
The benefits, risks, costs and consequences generally associated with ear options	ch of those	
My / the patient's right to refuse health services, the implications, risks an of such refusal	nd obligations	
In a language which I / the patient understands and in appropriate terms	;	_
Therefore I hereby consent to;  (brief description of the procedure to be performed)	n	_
a medical / surgical procedure to be performed on myself / the patient, and nursing care, whose nature, effect and material risks of which have been explained to me / the patient.  By signing this informed consent for the procedure above, I am stating the possible risks, benefits and complications of the procedure.	n discussed with and fully	
PATIENTS FULL NAME & SURNAME SIGNATURE	DATE	
PROXY'S FULL NAME & SURNAME SIGNATURE	DATE	
WITNESS'S FULL NAME & SURNAME SIGNATURE	DATE	
DOCTOR / SURGEON SIGNATURE	DATE	

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