

OPERATION AND ANAESTHETIC CONSENT

(BY ADULT PATIENT)

TO THE MEDICAL STAFF and
NORTH HAMPSHIRE GROUP H.M.C.

Hospital No.

I, of

hereby consent to undergo the operation of

the nature and effect of which have been explained to me by Dr./Mr.

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

No assurance has been given to me that the operation will be performed by any particular surgeon.

Date (Signed)

(Patient)

I confirm that I have explained to the patient the nature and effect of this operation.

Date (Signed)

(Physician/Surgeon)

OPERATION AND ANAESTHETIC CONSENT

(BY PARENT OR GUARDIAN FOR PATIENT UNDER 16 YEARS OF AGE)

TO THE MEDICAL STAFF and
NORTH HAMPSHIRE GROUP H.M.C.

Hospital No.

I, Alec M. McPherson of Lord Mayo School
College

hereby consent to the submission of GRO-A

to the operation of Left knee Aspiration under local Anaesthetic the nature and effect

of which have been explained to me by Dr./Mr. M. Wassef

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

No assurance has been given to me that the operation will be performed by any particular surgeon.

Date 9 Nov 1981 (Signed) GRO-C: McPherson Headmaster

(Parent/Guardian)

I confirm that I have explained the nature and effect of this operation to the child's parent/guardian.

Date 9/11/81 (Signed) GRO-C: Wassef

(Physician/Surgeon)

OPERATION AND ANAESTHETIC CONSENT

(BY ADULT PATIENT)

TO THE MEDICAL STAFF and
NORTH HAMPSHIRE GROUP H.M.C.

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No assurance has been given to me that the operation will be performed by any particular surgeon.

Date (Signed)

(Patient)

I confirm that I have explained to the patient the nature and effect of this operation.

Date (Signed)

(Physician/Surgeon)

OPERATION AND ANAESTHETIC CONSENT

(BY PARENT OR GUARDIAN FOR PATIENT UNDER 16 YEARS OF AGE)

TO THE MEDICAL STAFF and
NORTH HAMPSHIRE GROUP H.M.C.

Hospital No.

I, A. M. MACPHERSON of Lord Mayor

Trelon College

hereby consent to the submission of Master GRO-A

to the operation of Left knee aspiration under local anaesthetic the nature and effect

of which have been explained to me by Dr./Mr. Richard Blowne

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

No assurance has been given to me that the operation will be performed by any particular surgeon.

Date 25 June 1981 (Signed) GRO-C: A M Macpherson

Headmaster
(Parent/Guardian)

I confirm that I have explained the nature and effect of this operation to the child's parent/guardian.

Date 30/6/81 (Signed) GRO-C: Wassef

(Physician/Surgeon)

OPERATION AND ANAESTHETIC CONSENT

(BY ADULT PATIENT)

TO THE MEDICAL STAFF *and*
NORTH HAMPSHIRE GROUP H.M.C.

Hospital No.

I, of

hereby consent to undergo the operation of

the nature and effect of which have been explained to me by Dr./Mr.

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

No assurance has been given to me that the operation will be performed by any particular surgeon.

Date (Signed)

(Patient)

I confirm that I have explained to the patient the nature and effect of this operation.

Date (Signed)

(Physician/Surgeon)

OPERATION AND ANAESTHETIC CONSENT

(BY PARENT OR GUARDIAN FOR PATIENT UNDER 16 YEARS OF AGE)

TO THE MEDICAL STAFF *and*
NORTH HAMPSHIRE GROUP H.M.C.

Hospital No.

I, A. M. MACPHERSON of LORD MAYOR
TRELOAR COLLEGE

hereby consent to the submission of Master GRO-A

to the operation of Left Knee Aspiration under local anaesthetic the nature and effect

of which have been explained to me by Dr./Mr. Richard BROWN

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

No assurance has been given to me that the operation will be performed by any particular surgeon.

Date 4 June 1981 (Signed) GRO-C: A M Macpherson

HEADMASTER (Parent/Guardian)

I confirm that I have explained the nature and effect of this operation to the child's parent/guardian.

Date (Signed)

(Physician/Surgeon)