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. I, Alex M. Marpherson or Lord Mayor Irelan hereby consent to the submission of. to the operation of of which have been explained to me by Dr./NG.... 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. Nov. 1981. (Signed) **GRO-C: McPherson**

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

Fyson & Co. Ltd., Bath

/ (Signed)

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(Furent/Guardian)

(Physician/Suggeon)

OPERATION AND ANAESTHETIC CONSENT

(BY ADULT PATIENT)

TO THE MEDICAL STAFF and

I. A.M. MACPHERSON of Lord Mayor Irelan College Ma Tea GRO-A		Hospital No
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OPERATION AND ANAESTHETIC CONSENT (BY ADULT PATIENT)

TO THE MEDICAL STAFF and

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No assurance has been given to me that the operation will be	performed by any particular surgeon.
Date(Signed)	
I confirm that I have explained to the patient the nature and e	(Patient)
Date(Signed)	(Physician/Surgeon)
OPERATION AND ANA	A ESTUETIC CONSENT
(BY PARENT OR GUARDIAN FOR PA	
TO THE MEDICAL STAFF and	
NORTH HAMPSHIRE GROUP H.M.C.	Hospital No
I, A.M. MACPHERSON	of LORD MAYOR
TRELOAR COLLECE	
nereby consent to the submission of Master	GRO-A
o the operation of Left Knee aspirate	on under lead anaporthetic the nature and effection
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peration and to the administration of a general, local or other an	
No assurance has been given to me that the operation will be	
Date 4 June 1981 (Signed).	GRO-C: A M Macpherson
I confirm that I have evaluated the action and offer a first	HEAD MASTER (Parent/Guardian)
I confirm that I have explained the nature and effect of this or	
Oate(Signed).	
	(Physician/Surgeon)
yson & Co. Ltd., Bath	