


ANONYMOUS

GRO-B

## ANAESTHESIA RECORD

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DR. DAD WALTON	GRO-B
	

## CONSENT TO TREATMENT

I, .....

of .....

hereby consent to undergo / to my child / ward\* .....

undergoing the operation of .....

*Caesarean Section*

the nature and effect of which have been explained to me by

Dr. *Mr*

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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 a particular surgeon.

Date ..... *9/5* .....

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(Signed) ...

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(Patient/Parent/Guardian)\*

I confirm that I have explained to the patient/parent/guardian .....

Date ..... *9/5* .....

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(Signed) ...

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(Physician/Surgeon)\*

\* Delete as necessary