

# Anaesthetic Consent

Dear Sir/ Madam, thank you for taking the time to read this form carefully as it contains very important information regarding your anaesthetic.

- If you have any questions or uncertainties, please do not hesitate to discuss this with your anaesthesiologist.
- Please sign this form and bring it with you on the day of your surgery.

## Agreement Between the Anaesthesiologist and the Patient

Please Tick

1. I understand that no one can guarantee an incident free anaesthetic.	
2. I understand that there are equipment and theatre staff supplied by the hospital which cannot be guaranteed by the anaesthesiologist.	
3. I agree not to drink alcohol, drive a car, or operate any dangerous equipment, make important decisions or sign contracts for 24 hours after recovering from anaesthesia.	
4. I agree to allow my personal data to be forwarded to the relevant organizations as required by law and to allow anonymous data of a clinical and practice management nature, to be collected to help to improve the patients' healthcare experience.	

## Additional Topics Discussed

Please Tick

Please Tick

Administration of Blood, Blood products and/or Substitutes		Regional Anaesthesia: Peripheral/Plexus Nerve Block	
Non-Invasive and/or Invasive Monitoring		Regional Anaesthesia: Spinal Block	
Dentures / Crowns / Teeth / Plates / Implants		Regional Anaesthesia: Epidural	

## Notes


## Payment

Please note that your anaesthetists' account might be more than the cover your medical aid provides. Please contact the Practice for more information or to provide a price estimate if you require one. You remain personally responsible for any Short/Co/Non Payments

Please Tick

1. This account is rendered completely independent from the accounts rendered by the hospital and the surgeon.	
2. <b>You are personally responsible for payment and NOT your medical aid fund.</b> Your medical aid fund might not cover the full amount on your account.	
3. More interest will may be charged on accounts that have not been settled in full within 60 days.	
4. Should your account be handed over for collection of any monies in arrears you will be liable for all legal costs on attorney and client scale, collection charges and tracing fees as well as VAT where applicable.	

### Full name of Patient

I have read, understood and agree to the conditions mentioned above.  
I hereby give permission for anaesthesia on myself / my dependant.

### Signed

### Date



**Dr. Hanlie Potgieter**

SPECIALIST ANAESTHESIOLOGIST

PR: 0124826 | MP: 0430234

Contact: 083 459 6759  
www.drhanliepotgieter.co.za