

Patient`s name; patient`s label:

medalp[®]

Centre for Outpatient's Surgery – Imst

Dokumentsprache: **D_E_F_I_NL_RUSS_POL**

INFORMATION ABOUT THE RISKS OF THE OPERATION

Before you consent to the planned operation we would like to point out that the success of our treatment cannot be predicted with absolute certainty and that general and specific risks are involved. Although rare the following complications may occur:
thrombosis/embolism, nerve/vascular damage, prosthetic complications, delayed healing, inflammation of bones or joints, hepatitis, restricted joint movement.

DECLARATION OF CONSENT TO THE OPERATION

I have been informed about the disease/injury and the expected outcome of the surgical treatment. I understand the nature of the operation, the reasons why it is necessary, in addition to the advantages and disadvantages when compared to alternative methods of treatment, together with possible risks and complications. I understand that there may be possible physical and/or psychological sequelae which may affect my ability to work following the operation.

My questions have been answered. I am aware that the doctors treating me are available if I have any further questions.

I understand that I am entitled to revoke my consent.

I have been given instructions about what is expected of me before and after the operation.

I am satisfied with the information given to me.

I/We agree to the operation on my/our child and give permission for extension or change to the planned surgery to be carried out if deemed necessary.

I confirm that I have provided my full medical history.

I was informed about the resulting costs of surgery. If my health or accident insurance does not cover all costs, I will pay the difference in costs.

I don't have any further questions regarding the medical informative talk, alternative methods of treatment, typical risks, or payment of the operation.

The contracting parties agree that any disputes arising from this treatment contract or from billing or invoicing shall be settled exclusively by a competent court of law for A-6460 Imst. Austrian law shall apply.

Doctor`s signature:

Patient`s signature:

Date: _____

Date: _____