

INFORMED CONSENT FOR UROLOGICAL INTERVENTION

I hereby give my consent to Dr.
to perform the following:

The details of the procedure or treatment have been explained to me in terms that I understand and I am fully aware of its nature and possible consequences.

I confirm that I understand the following:

1. The following complications of the urological procedure are possible: pain, local inflammatory changes, infection, hematomas, bleeding, ulcers, necrosis, scarring.
2. Surgical intervention may be required in case of certain complications.

I hereby give my consent to the respective physician to perform all necessary procedures relying on his/her professional competence.

To my best knowledge, I am not allergic to any medications, except (if applicable):
.....

I regularly take / do not take blood thinners (please underline the appropriate).

I hereby give my consent:

Signature.....
First name and family name of the patient
Date.....

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