

## Consent Form

Name of the medical examination or treatment: .....

Following the information meeting with me and based on the answers given to my questions, upon reflection I accept the above medical examination or treatment. I have been informed of its nature and purpose. The doctor also informed me about the benefits, risks and possible complications of the proposed medical act, as well as the possible alternatives.

Signature of the patient: .....

or his/her legal or therapeutic representative\*: .....

Surname, first name (in capital letters): .....

Date : .....

\* The signature of the patient must be obtained, except in emergencies or cases where the patient is incapable of discernment.

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Service (Unit): ..... Tél. : .....

Dr..... (Surname, first name in capital letters),  
has explained to the patient the nature, purpose, benefits, risks and alternatives of the proposed  
examination or treatment. The doctor has also given the patient the opportunity to ask any questions and  
has answered them fully.

Date : ..... Doctor's signature: .....

Type of information given:

Information meeting

Brochure, information sheet or video

Title : .....

**This signed document forms part of the patient's record. A copy must be given to the patient.**