



**MICHAEL
HEYNS**
SPESIALIS CHIRURG • SPECIALIST SURGEON
MBChB (UOVS), FCS (CHIR)

Netcare Pretoria East Hospital
Suite M27, 2nd Floor, Medical Centre
C/O Garsfontein & Netcare Road

Tel: +27 12 993 1160
Fax: +27 12 993 3986

PO Box 1100, Faerie Glen, Pretoria, 0043
E-Mail: drheyns.lynette@gmail.com
Website: www.drheyns.co.za

Practice No: 0052981
Vat No: 4890198924

PRE-OPERATIEWE INGELIGTE TOESTEMMING PRE-OPERATIVE INFORMED CONSENT

Pasient-Inligting / Patient Details

Volle name en van / Full names and surname

Tipe Prosedure / Operasie

Type of Procedure / Operation

Datum van Prosedure / Operasie

Date of Procedure / Operation

Hiermee bevestig ek / ons, die ondergetekende(s), dat DR MA HEYNS die aard van die operasie/prosedure aan my / ons verduidelik het. Ek/ons verstaan dat daar soos met enige prosedure / operasie, moontlike komplikasies kan wees wat insluit :

- Bloeding
- Infeksie
- Besering aan naasliggende strukture soos die blaas, derm, Uterus, bloedvate, senuwees, been, spier ens.
- Diep veneuse trombose, embolisme
- Pyn, naarheid, ongemak ens.

I / we the undersigned confirm that Dr. MA HEYNS explained the nature of the planned operation / procedure to me / us. I / we understand that, as with any surgery / procedure, complications may occur such as:

- Bleeding
- Infection
- Injury to adjacent structures such as the bladder, bowel, ureters, blood vessels, nerves, bone, muscle etc.
- Deep vein thrombosis
- Pain, nausea, discomfort etc.

Ek / Ons is die geleentheid gegee om vrae te vra. Die moontlike komplikasies rondom die spesifieke prosedure / operasie is met my / ons bespreek.

I / We were given the opportunity to ask questions. The possible complications relevant to this particular procedure / operation were discussed with me / us.

Ek / Ons verleen hiermee toestemming vir die verbranding van alle menslike weefsel / been wat tydens bogenoemde prosedure(s) verwyder word.

I / We hereby consent to the incineration of all human tissue / bone that is removed during the above-mentioned procedure(s).

The purpose of this Privacy Statement is to inform you, as our patient and client, that we as the practice of dr MA Heyns, will collect, use, share and otherwise process your personal information, in a manner that is compliant, ethical and adheres to the POPI Act 4 of 2013.

Geteken / Signed : _____

Verwantskap : Pasient / Eggenoot / Ouer / Voog (Merk asb)
Relationship : Patient / Spouse / Parent / Gaurdian (Please mark)

Getuie /Witness : _____

Datum / Date : _____