

PATIENT'S CONSENT FOR TREATMENT / SURGERY

Patient's name

ID / passport number

According to articles 32-35 of the Act of 5 December 1996 of the Medical Profession Act (consolidated text Journal of Laws of 2008, No. 136, Item 857 with amendments) and articles 16-18 of the Act of 6 November 2008 of Patient's Rights and Patient's Rights Spokesman (journal of Laws of 2009, No. 52, Item 417 with amendments) I agree on:

- treatment / surgery from the scope of aesthetic medicine*
- treatment / surgery from the scope of physical medicine and rehabilitation*
- treatment / surgery from the scope of

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done by medical doctor Michal Zdanowicz (hereinafter referred to as doctor in charge) in

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I declare that I gave comprehensive and real information about my health state in accordance with the survey – annex number 1 to this statement. I will inform the doctor in charge about any changes of my health state.

I declare that:

- I have full legal capacity*
- I have limited legal capacity*
- I do not have legal capacity*

I understand that the above mentioned data is confidential.

I agree on photographic records to be done.

I agree on blood drawing.

I was informed that the cost of the treatment / surgery is
and should be paid with cash right after the treatment, what I accept.

I was informed about:

1. the kind of the treatment/surgery, technique of the treatment/surgery, process of the proposed treatment/surgery, estimated time of the treatment/surgery, estimated result but also about the fact that the treatment will be done / won't be done* under a local anaesthesia,
2. the fact that because of human's body structure the treatment/surgery is not always possible or can turn out to be ineffective during already taken actions,
3. the fact that the success of the treatment/surgery and the healing period are impossible to predict in individual cases. Forecasting is based on statistic data,
4. risk and the possibility of complications, medical events or other side effects (during or after treatment), such as: swelling, haemorrhage, inflammations, impeded healing of a wound and particularly about facts that:
 - a) not in all cases the treatment/surgery can be done conservatively and using minimally invasive procedures,
 - b) repeated treatment/surgery is always more complicated and not in all cases it can be done conservatively and using minimally invasive procedures. There is also a bigger risk of complications and failures,
 - c) there is a risk of breaking a medical instrument which can cause pain and, consequently, a necessity of surgical tissue cut,
 - d) during the treatment/surgery and especially after it a patient can feel pain and will have to use painkillers,
 - e) in some cases during the treatment/surgery symptoms of inflammation can occur (idiopathic pain, swelling, serous or purulent effusion, fistula activata). This may involve to use anti-inflammatory drugs or antibiotics,
 - f) despite the treatment/surgery a surgical operation may be necessary, for example abscess or granuloma removal,
 - g) insufficient hygiene of the treatment/surgery area can create a tissues inflammation and, consequently, the necessity of additional treatments and surgeries,
5. adverse influence of smoking, drinking alcohol and using other drugs on a final result of wound healing,
6. guides about how to behave after the treatment, particularly about the fact that:

- physical effort is forbidden,
- drinking alcohol and smoking is forbidden for at least ... days after the treatment,
- rinsing the mouth with advised antiseptic is necessary
- I have to remember about control visits which are scheduled by a doctor,
- I have to follow the rules of hygiene,

7. guides about how to behave after the treatment with the usage of botulinum toxin, particularly about the fact that:

- flying is forbidden for 24 hours after the treatment,
- bending and lying is forbidden for at least 3 hours after the treatment,
- I should avoid situations connected with pressure changes (mountaineering, diving) for at least 24 hours after the treatment,
- using sauna, swimming pool, jacuzzi, solarium and sunbathing is forbidden for at least 24 hours after the treatment,
- putting make-up on the treatment/surgery areas is forbidden for at least 3 hours after the treatment,
- intervening in the treatment areas, for example massaging, pressing or moving is forbidden for at least 3 days after the treatment,

8. guides about how to behave during and after the treatment of detoxication, particularly about the fact that:

- a drip is necessary
- a doctor will insert peripheral venous catheter (PVC) into my peripheral vein,
- giving sedatives, relaxants, vitamins, electrolytes can be necessary,

9. **treatment costs, which I accept.**

Simultaneously, I agree on the treatment and other additional treatments or medical procedures which may be necessary and marked by a doctor in charge. I also agree on possible treatment's change, technique and/or its range if my health state / intraoperative picture shows that it is necessary and it will be good for my health. If during treatment my consciousness is limited and I am not able to make a decision myself, I agree on making next treatments which will be needed for a further treatment.

During conversation with a doctor I had the possibility to ask all questions about planned treatment. All my questions were answered clearly and all my doubts were dispelled.

I have read and understood above mentioned rules. I have also got the explanations about my treatment. I was also informed about alternative treatment possibilities, including the

treatment/surgery abandonment. I was informed about a risk connected with other treatment/surgery methods and consequences of treatment/surgery abandonment. I understand that positive effects of the treatment are not guaranteed, the same as in the case of all general medical procedures. Furthermore, the treatment/surgery is made in order to remove a specific problem and may not eliminate other hidden problems.

I know that I can cancel my consent for the treatment/surgery.

I agree to have my personal data, which is contained in 'patient's consent', processed for the needs of Michal Zdanowicz's doctor's practice (in accordance with the act of 29.08.1997 on Personal Data Protection in Journal of Laws 2016.922 of 2016.06.28 with amendments) for the purposes of treatment / medical procedures, planning , serving current and future contracts/services which I am using or will be using. Data will not be provided to anybody, except incidents when information must be provided.

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Date, doctor's stamp and signature

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Patient's legible signature

* delete where not applicable