

INFORMED CONSENT

The undersigned, _____ [*name and first name of patient*] explicitly declares that during today's consultation with doctor _____ [*name and first name*] physician-specialist in plastic, reconstructive and cosmetic surgery, it has been agreed that on _____ [*surgery date*] this physician will perform a _____ [*type or name of intervention*] on him/her

- type of intervention: _____
- techniques and conditions : surgical / non-surgical
local / general anaesthetic
- all potential risks, consequences, complications and side effects : see enclosed document
- implant or injected product: type + name: _____
volume: _____
producer/importer of implant or injected product : _____

Remark: during the intervention the physician-specialist can deviate therefrom, if necessary

- cost of intervention: _____

The undersigned hereby certifies:

- to have received sufficient information about the nature, the purpose and the technical performance of the intervention
- to have received sufficient information about the possible risks, side effects and complications related to such intervention, both on short and long term.

The undersigned confirms that he/she sufficiently understands the received information regarding the intervention and had enough opportunities to ask questions about this intervention and/or the received information. Possible questions were answered adequately and understandably. The undersigned knows that every other information about the intervention can be received at any time on simple request.

The undersigned is prepared to follow strictly all pre and post-operative instructions.

The undersigned fully understands the legal consequences of this informed consent and hereby certifies to undergo the intended intervention voluntarily. The undersigned hereby explicitly gives approval to perform the intervention as described above under the conditions and modalities described above.

In case of litigation, only the courts and tribunals of Brussels have jurisdiction. Belgian law will be applied.

[*signature patient*]