DR BRYAN G LAWRENCE

SPECIALIST SURGEON

Practice Nr: PR 0624640

MBChB (Pret), FCS(SA), MMED(Chir) (Pret)

ROOM - Info and Procedure Consent

Patient: _____

Booked date: _____

Procedure: _____

Authorisation number: _____

Preparation / Confirmation:

Your procedure and arrival time will be confirmed one day prior to the booked date.

Please do not eat or drink anything from 06h00 the morning of your procedure.

There may be delays in your procedure depending on emergencies that may occur. Please bear with us, we try our utmost to be on time. Dr BG Lawrence has no control over the above, as well as the behaviour, competence of staff and availability of equipment or medicines.

A follow up appointment should be arranged for you after 1 month (depending on the procedure). Should you experience any problems before this date, please contact Dr Lawrence's rooms for an urgent appointment.

Depending on the procedure, you will receive sedation or general anaesthesia for the procedure and somebody will need to accompany you and drive you home. Please arrange transport.

Medication:

Hypertension: Please continue to take your anti-hypertension medication on the morning of your procedure.

Diabetes: Oral diabetic medication to be omitted on the morning of the procedure. Patients on injectable diabetic medication must test their glucose levels on the morning of the procedure and inject accordingly.

Warfarin: Must be stopped 4 days prior to the procedure. You will be provided with a script for Clexane to take in the time before your procedure. Clexane must be omitted 12 hours before your procedure. You will restart your Warfarin with Clexane after your procedure until your INR is therapeutic again.

Plavix: Please inform Dr Lawrence prior to your procedure should you be taking Plavix to receive individual instructions.

All other routine / chronic medication should be taken as usual with a small sip of water.

Initial: _____

Eugene Village NO 7, Life Eugene Marais Hospital, 696 5th Avenue, Les Marais, 0084

Tel: 012 335 0625 • : 066 019 2588

drbglawrence.admin@telkomsa.net • drbglawrence-surgeon.co.za

Accounts / Claims:

Dr BG Lawrence's fees are covered by most major medical aids. It is still your responsibility to phone your medical aid to find out what amount will be paid. The account remains your responsibility until settled in full. Overdue accounts will be delivered for debt collection and interest will be charged within accordance of the billing policy.

Your medical aid might make a payment directly to you, in which case you undertake to settle the account immediately. Should you fail to settle your account within 10 days after the payment has been made to you, the account will be handed over for debt collection without further notice.

For certain procedures the medical aid might apply a co-payment. Please confirm this with your medical aid when applying for authorisation.

Should any biopsies be done, an additional pathology account will be separately submitted by the laboratory.

Procedure / Out-of-hospital Care:

You hereby confirm that Dr BG Lawrence has explained the indications and nature of this surgical operation / procedure, including the benefits and risks, complications and side-effects.

You have discussed alternate forms of treatment (if available) and you have been given the opportunity to ask questions.

Please be aware that despite the best care, the treatment can have an effect of pain, discomfort, nausea and satiety, formation of scar tissue, alteration in bowel habits, inhibition of normal activity and employment.

Some of the risks of any surgical procedure include pain, bleeding, damage to nearby nerves or arteries, wound infection, blood clots, pneumonia and reaction to drugs. This may lead to the need for further operations, longer hospital stay and extended time off work.

This procedure is conducted in an out-of-hospital setting, should a complication occur, you will need to be stabilised and transferred to hospital. Due to the above, delays may occur, thus affecting your prognostic outcome.

You hereby grant consent to the administration of general or local anaesthesia.

Some procedures include biopsies. This will be sent to a laboratory for analysis.

Please note that further radiological examinations, laboratory tests or other axillary hospital services for the procedure may be medically indicated. In some cases, other physicians and health care providers may participate in your care, including operations, procedures, treatment or diagnostic procedures and you hereby authorize this as needed for your care.

You hereby provide consent to the exchange of personal and clinical information between all relevant or referred healthcare providers, representatives, medical schemes and their administrators.

Signed at _____ on the _____ of _____ 20_____.

Patient / parent / guardian name: _____

Signature: _____