

MUTUAL CONSENT

Dear patient,

You, or your child will be hospitalized , and operated in the « New Clinic Bonnefon ».

The Nursing Staff and Physicians are committed to providing the best care and provide you with information about your pathology and exploration gestures and treatment it requires.

We have the legal obligation to prove that this information was given to you, and we have answered all your questions. We should especially enumerate the complications that may occur during treatment .

Any examination, surgery, even the simplest, involves risks, including vital, not only taking the disease to be treated by surgery but also to individual variations, sometimes unpredictable. All cumulative complications represent a very small percentage of cases. But general complications, infectious, hemorrhagic, allergic, phlebitis, embolic or linked to drug intolerance or body or prosthetic implants can occur and leave scars. Infectious complications can occur although all precautions are taken (aseptic draconian, antibiotic prophylaxis, including dental and preoperative urinary etc ...) they occur more frequently in subjects with a decrease in the body's defenses, such as when corticosteroid treatment or chemotherapy anti-cancer or if diabetes and HIV positive to HIV. Intercurrent infection of a site different from that of your operation (UTI dental abscess, sinusitis etc ..) can spread germs through blood that may infect the operating site especially in the absence of treatment. Moreover, a partial result is still possible even in the absence of technical problems.

Your surgeon has carefully compared the evolving risks of your illness and possible complications of exploring it and its treatment. The team that supports you will make every effort to ensure the best treatment suited to your condition, in security and humanity.

Please read this carefully. We have studied with you the consequences of your illness in the absence of treatment, the therapeutic alternatives, the expected benefits of the proposed intervention, we have explained the risks and possible complications of your intervention. You can of course ask any clarification you could wish for a better understanding of its contents. We will provide further any additional information you may wish, specific to your case, your pathology. we can explain again, if you wish, precautions and requirements that you must follow to get the best results and to prevent, as much as possible future complications.

If you do not accept the risks associated with the procedure, if you do not trust: cancel the operation.

I certify having read and understood this document information on surgery and being informed about risks including serious and vital inherent to surgery and particularly to treatment and intervention proposed. I could ask all the questions I wanted to ask. I was satisfied by the responses to questions about my particular case. The explanations were clear enough to allow me to make my choice and ask you to practice the planned surgery. I was also informed that during the procedure, the surgeon may be faced with a discovery or an unforeseen event requiring additional or different actions of those initially planned. I authorize and seek, in those circumstances, the surgeon to perform any act he considers necessary or to be assisted by another surgeon or physician.

For safety reasons, the surgeon or anesthesiologist may cancel or delay the operation at any time even at the last minute especially if risk revealed by preoperative checklist.

I recognize that the time between consultation and surgery is sufficient to think and to answer my questions and those of my family - doctor.

I informed you sincerely and totally about my health, my treatments in progress and my background and I am committed to scrupulously respect the recommendations and requirements of the surgeon and go to the control consultations.

I further allows the surgeon to use computer software for clinical studies in accordance with the recommendations of the CNIL.

Patient Name: (or his legal representative)

Date Signature, preceded by the words "read and approved"

This document must be given to the surgeon after a period of thinking (except in case of emergency)

I explained in detail to the patient the potential risks and expected benefits of the proposed treatment and I answered the questions as best as possible according to the current state of knowledge. By mutual agreement, we believe that this information was sufficient to inform its decision.

Doctor Name: Signature