

DATE OF

ROYAL VICTORIA HOSPITAL
BELFAST BT12 6BA

CH 364377 K
ADAM STRAIN

S 04/08/91

WD/OP CONSULTANT

I, Deborah Strain of [REDACTED]
(being the Mother of the above named patient) hereby consent to
the performance of the operation of P.O. cannula insertion ± laparoscopy on me/the above named
patient the nature and purpose of which have been explained to me by ± Central line insertion

Dr. Mr. Ms. Craig

I also consent to such further or alternative operative measures as may be found to be necessary during
the course of the operation and to the administration of general, local or other anaesthetic for any of these purposes.

*No assurance has been given to me that the operation will be performed by any particular surgeon.

Date 28/11/91 (Signed) Debra Strain (Patient)

I confirm that I have explained to the patient the nature and purpose of this operation.

Date 28/11/91 (Signed) Craig (Medical Practitioner)

* This sentence should be deleted in the case of the private patient.

ANAESTHETIC AND OPERATION CONSENT FORM (GENERAL)

MR36

MX3329

CONSENT BY PARENT OR GUARDIAN

FOR

C H H 315-4137-2 IC
ADAM STRAIN

S 04/08/91 RD

CT

AL

Musgrave MD/OP CONSULTANT

Patient's Name the above.

I Debra Strain of

the parent/guardian of the above-named, hereby consent to the submission of my child to the operation of Laparotomy

the nature and purpose of which have been explained to me by

DR./MR. Hodge

I also consent to such further or alternative operative measures as may be found to be necessary during the course of the operation and to the administration of a general, local or other anaesthetic for any of these purposes.

* No assurance has been given to me that the operation will be performed by any particular surgeon.

Date 20/12/91 Signed Debra Strain
(Parent/Guardian)

I confirm that I have explained to the child's parent/guardian the nature and purpose of this operation.

Date 20/12/91 Signed Hodge

* This sentence should be deleted in the case of the private patient.

CONSENT BY PARENT OR GUARDIAN
FORM II. OPERATIONS ON CHILDREN

Eastern HEALTH & SOCIAL SERVICES BOARD
North + West DISTRICT
RBHSC. HOSPITAL

Patient's Name Adam Strain
I Mother of Adam Strain
(mother)

the parent/guardian of the above-named, hereby consent to the
submission of my child to the operation of B-L 'J' shaped
double ureteric starting L.G.A.
insertion of Daviac line Debra Strain
the nature and purpose of which have been explained to me by
responsibility if necessary 8.12.91

DR/MR. Amina Sah

I also consent to such further or alternative operative measures
as may be found to be necessary during the course of the
operation and to the administration of a general, local or other
anaesthetic for any of these purposes.

* No assurance has been given to me that the operation will be
performed by any particular surgeon.

Date 7/12/91 Signed Debra Strain
(Parent/Guardian)

I confirm that I have explained to the child's parent/guardian
the nature and purpose of this operation.

Date 7/12/91 Signed Amina Sah Reg

* This sentence should be deleted in the case of the private patient.