

For 4th Consent Form

For 3rd Consent Form

For 2nd Consent Form

ROYAL VICTORIA HOSPITAL
BELFAST BT12 6BA

CH 364377 K
FUTABA STRAIN

S 04/08/91

B
Ward:

SWD/DP CONSULTANT (MURPHY)

I, DEBORAH STRAIN of

(being the of the above named patient) hereby consent to
the performance of the operation of RETROGRADE PYELOGRAM on me/the above named
patient the nature and purpose of which have been explained to me by
Dr. Mr/Ms. AMCALISTER

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 8/2/93 (Signed) X Debra Strain (Patient)

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

Date 8/2/93 (Signed) Amcalister (Medical Practitioner)

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

ANAESTHETIC AND OPERATION CONSENT FORM (GENERAL)

MR36

WMX3329

AS - ROYAL

055-056-241

FOR CONSENT FORMS ONLY

For 6th Consent Form

For 5th Consent Form

For 4th Consent Form

WMZ 7239

CH 364377 K
ADAM STRAIN
GUARDIAN
8 04/08/91
DHS ON CHILDREN

B

UD/OP CONSULTANT & SOCIAL SERVICES BOARD

DISTRICT

HOSPITAL

Patient's Name Adam Strain

I Debra Strain of Ad.

the parent/guardian of the above-named, hereby consent to the submission of my child to the operation of cystoscopy + gastrostomy.

the nature and purpose of which have been explained to me by DR./MR. Joanne Watson

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 20/4/93 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 20/4/93 Signed Jo Watson

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