

Peninsula Medical Practice

Patient agreement to investigation or treatment

Patient details

Name _____

Date of Birth ____ / ____ / ____

EMIS No. _____

Name & description of procedure

Statement of health professional

I have explained the procedure to the patient. In particular, I have explained:

The intended benefits of:

The serious or frequently occurring risks of:

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment), any samples that may be taken and any particular concerns of this patient.

I have explained that this procedure will / will not involve local anaesthesia

Signed _____ Date ____ / ____ / ____

Name (PRINT) _____ Job title _____

Statement of the patient

I agree to the procedure or course of treatment described on this form.

Signed _____ Date ____ / ____ / ____

Name (PRINT) _____

Principal Surgery

The Health Centre, GRANGE OVER SANDS, LA11 7DJ

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Branch Surgery

Fairfield Surgery, FLOOKBURGH, LA11 7JY

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