

INFORMED CONSENT FOR ANESTHESIA

Please complete this form **after** your consultation with your anaesthetist and hand it to them or to the admissions team on the day of your admission.

Date of the surgery:

Surgery (not detailed):

Type of anaesthetic proposed:

I, the undersigned (first name and surname in capital letters) declare, after reflection and careful reading of the information document received previously, and following the information and explanations provided during this discussion, that I accept the type of anaesthetic proposed.

Specific remarks:

☐ I certify that I have had the opportunity to ask all of my questions and that the anesthesiologist has answered them fully.

☐ Invoicing: I authorise my anaesthetist to delegate the processing of my invoices and authorise their electronic transfer to the AMGe (Association des Médecins de Genève) statistical confidence centre. I also authorise my doctor to collect my invoices by any appropriate means and through any legal channels, and hereby release him/her professional secrecy in this respect.

Documentation provided: Brochure (Information about anaesthesia) and access to the website.

Geneva, on Signature of the patient*: _____

or signature of the legal representative*: _____

Signature of the anaesthetist: _____

*The signature of the patient must be obtained, except in case of emergency or incapacity of judgement.

This document must be part of the patient's file.

A copy may be given to the patient at his/her request.