

Informed Consent INVASIVE AND/OR SURGICAL PROCEDURE

		Date of obtaining the IC:	
Diagnosis:			
Laterality:			
Doctor (First name and two surnames): _			
Patient (First name and two surnames): _		ID No	
Legal representative (if applicable):		ID No	
Objective Describe the invasive and / or surgical pro	ocedure to be followed, detailing the benefi	ts and risks involved.	
that will be determined for my particular anesthesiologist in charge, considering ge	ar case according to the professional asso	cal, regional, epidural or general anesthesia; technique essment made by the treating medical team and the dition; and that whatever the technique chosen, it will erent in its execution.	
therapeutic benefits are not achieved; to complication, it is necessary to convert to necessary to carry out reoperations or con	that in the event of the failure of an ad he procedure to more invasive classical te nplementary procedures; that in the event o	vistence of a percentage of cases in: that the expected vanced technology technique or the occurrence of a chniques; whereas, in the event of partial effects, it is if a complication it is necessary to carry out reoperations hat case I will have to assume the hospital and medical	
		ry period, generally variable according to the treatment d their evolution and recovery capacity, in this case, an	
anesthesia to be used; all of which despit as cardiovascular problems, lung and / c	e all the measures and care adopted by the	ome associated with the technique of sedation and / or emedical team, are inevitable in their occurrence, such omises or neurological damage, hemorrhages, allergic wer percentage of cases.	
complications, which are inevitable, despithe therapeutic benefits associated with to r systemic level; injury to vascular and/pigmented scars; skin necrosis; fibrosis; s	ite the effort and care of the medical team, the treatment. Examples of these cases are for nerve structures; loss of sensation in o superficial irregularities; neurological involve	the possibility of the occurrence of risks and / or and that in some cases limit the possibility of achieving bruises and bleeding; infection at the superficial, deep perated area; development of hypertrophic, keloid, or vement and/or damage; pulmonary and/or respiratory awounds externally and internally and others.	
or scheduled intervention, or vary the tec	hnique previously chosen, or that it is impe ic and / or therapeutic procedures not sche	erative findings, the surgeon must suspend the surgery erative in light of the obligation of due medical care and eduled or informed, such as: taking samples for biopsy,	
	have been provided to me in clear and simp and has clarified all the doubts that I have r	ole language, and the doctor who has attended me has aised.	
I also understand that, at any time and wi	thout giving any explanation, I can revoke t	the consent I now give.	
Insuch conditions I CONSENT to the proce	edure of		
Medical Firm	Patient Firm Legal	Representative Firm	