



CONSENT TO OPERATION, ANAESTHESIA AND INVESTIGATIONS

I, the undersigned patient/relative
of
hereby consent to the procedure of
the nature and effect of which have been explained to me by

Dr

I also consent to such further or alternative procedures e.g. biopsy, polypectomy, dilatation, as may be found necessary during the course of the procedure and to the administration of moderate sedation for any of these purposes. I understand that this procedure has risks associated with it, including, but not limited to allergic reactions, perforation, aspiration, bleeding, infections and death. I fully understand the implications of this procedure and accept these risks and have had an opportunity to discuss any concerns with the attending doctor. *In this time of COVID 19, I fully understand that entering a medical facility for procedures increases my risk of exposure.*

Date Signed:

Witness:

I, Dr confirm that I have explained nature
and effect of this procedure to the patient/guardian including the risks as outlined above.

Date Signed:

Doctor..... Witness: