



Dr Franz F Birkholtz

MBCHB (Pret) MMED

Plastic & Reconstructive Surgeon

PR NR: 0360000056537

INFORMED CONSENT FOR SURGICAL PROCEDURE

I, hereby give consent to dr to perform the following procedure: on me on theday of 20.....

I understand that this procedure will be performed under sedation, administered by a specialist anesthetist, dr

In the event of a complication requiring hospital admission, I give consent to admission at

I understand that in the event of admission to the hospital, I will be liable for all costs involved.

Signed Date

(Patient or person authorized to consent for patient)

Witness Date



Tel: 012 346 0109
Fax: 086 519 5641
reception@ffbirkholtz.co.za
accounts@ffbirkholtz.co.za
www.ffbirkholtz.co.za
VAT Nr: 4720204397

✉ 161 Groenkloof 0027
LIFE Groenkloof Hospital,
Creche Building, Suite 4,
50 George Storrar Dr.
Groenkloof,
Pretoria