



# Dr Franz F Birkholtz

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**Plastic & Reconstructive Surgeon**

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## INFORMED CONSENT FOR SURGICAL PROCEDURE

I, ..... hereby give consent to dr ..... to perform the following procedure: ..... on me on the .....day 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 .....



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