

**ADMISSION TO THE DOKU MEDICAL CENTER
INFORMED AND ENLIGHTENED PATIENT CONSENT FORM**

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Patient No:

Patient 's Name and Surname:

Date of Birth : / /

Sex : M F

Department :

GENERAL INFORMATION RELEVANT TO THE PROCEDURE TO BE PERFORMED INITIAL

DIAGNOSIS :.....

PLANNED TREATMENT/PROCEDURE:.....

ESTIMATED OPERATIVE TIME:.....

INSTRUCTIONS

This is an informed consent document that has been prepared to help inform you aboutsurgery, its risks, as well as alternative treatment(s). The purpose of this document is to inform you about the medical treatment/procedure and to enable you to consciously make a decision about your health.

This document is defined in order to meet the needs of many patients under most conditions. However, this document should not be considered as a document containing the risks of the entire applicable treatment. Depending on your personal health condition or medical history, your physician may provide you with different or additional information.

After being informed about the benefits and possible risks of medical treatment/procedure/surgical operation, it is entirely up to your own decision to consent to them. Except in cases of legal and medical necessity, you can refuse to give consent or withdraw consent at any time.

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for medical treatment/procedure/surgical operation as you agreed.

Is the patient under 18 years old? No If yes

Address :

Phone No :

Who brought the patient ? Guardian , Parent(s) If not Name-Surname:

.....

Address:

Phone No :

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General Information

1. I authorize the Doku Medical Center physicians, nurses and other healthcare professionals to evaluate my complaints, which is the reason for my application, and to carry out the necessary tests examinations, and treatments, and I approve the implementation of these applications.
2. I accept application of physical examination that does not involve significant risk during diagnosis and treatment, radiological examinations that do not require medication (X-ray, computed tomography, magnetic resonance, ultrasonography, etc.) and tests such as electrocardiography, electromyography, echocardiography and analyses of blood, urine and other body fluid that are considered as “up-to-date” if deemed necessary on the grounds recommended in national and/or international medical guidelines.
3. In case of any risky surgery or interventions, anesthesia applications, transfusion of blood and blood components, the authorized doctor will give me written and verbal information about possible alternatives, benefits, risks and complications, and that I recognize that I have the right to accept or reject the proposed surgery/intervention..
4. As long as I stay in the Doku Medical Center for the purposes of diagnosis and treatment, I agree to abide by all the rules of the medical center that I have been informed about and established within the scope of patient rights and responsibilities.
5. I allow e-mails, mails and short messages (SMS) to be sent for informational and promotional purposes to my contact information.
6. I have received verbal and written information about the service fees to be charged in the diagnosis and treatment process and I accept and undertake to pay these fees.
7. I undertake to compensate the intentional damages to the fixtures used in the health institution.
8. I consent to the supervision and use of all records related to all kinds of health services provided to me, within legal limits, by persons and institutions directly related to my treatment or by their legally appointed representatives.

1-Application of intramuscular injection:

In intramuscular injection drugs are administered to the patient by injecting them into a muscle. Some drugs

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become more effective when delivered through intramuscular route..

- First of all, the conditions that prevent the administration of the drug to be injected (for example, the use of blood thinners, previous allergy to the drug to be administered) are questioned. If this issue is not questioned, report this to your doctor or nurse.
- Injection site is cleaned with alcohol, the drug is drawn into the syringe and its needle is inserted through the skin to reach the muscle.
- The plunger of the syringe is pulled back to aspirate blood to check whether a blood vessel is entered inadvertently.
- If there is no blood in the syringe, then the drug is injected into the muscle, and the needle is withdrawn.

The drugs applied through this route will pass into the circulatory system, and your complaints will be resolved.

If the drug is not administered, your treatment may be interrupted which may aggravate your/patient's current condition and may result in the development of life-threatening conditions.

Some drugs can only be given through intramuscular route. There is no alternative to this procedure for drugs that can only be given intramuscularly.

However, it is also possible to take many drugs by mouth or by means of intravenous injection instead of intramuscular injection. This procedure takes about 3-5 seconds.

Risks and Complications of Intramuscular Injection:

- The needle may break.
- The injection site may become infected, and then an abscess may develop. A minor surgical intervention may be required afterward to treat this abscess.
- There may be temporary bleeding from the injection site.
- Nerve injury, related permanent or temporary leg weakness, numbness and pain may occur.
- There may be temporary discoloration of the skin (such as bruising).
- Bone membrane inflammation may develop.

2- Application of intravenous injection

- It is the process of administering drugs to the patient through intravenous route. Some drugs can be administered through intravenous route more effectively. Some drugs are only given through intravenous route.

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The drugs applied through this route will pass from here into the circulatory system and will improve your complaints. First of all, the conditions that prevent the administration of the drug to be injected (for example, dialysis fistulas, edema in the arm, previous allergy to the drug to be administered) are questioned. If not questioned, report this issue to your doctor or nurse.

- The appropriate vein to be injected is determined, a tourniquet is wrapped tightly around the upper part of the arm to make the vein to be entered more visible.
- The area where the vein will be entered is cleaned with alcohol.
- The vein is entered with a needle or branule, if the procedure is done using a syringe, a very small amount of blood is drawn to check whether the needle is in the vein or not.
- The tourniquet is loosened, and removed to inject the drug through the vein
- The needle or branule is removed from the vein, and the injection site is pressed with cotton until the bleeding stops.

Intravenous administration of drugs provides a faster onset of action than other methods. Some drugs can only be given intravenously. There is no alternative to this procedure for drugs that can only be given intravenously. However, it is also possible to take many drugs by mouth or intramuscular injection instead of intravenous injection. You can ask your doctor if this medicine can be given by means of another route. The duration of the procedure varies according to the durations determined by the physician in the treatment plan, depending on the characteristics of the drug to be applied.

Risks and Complications of Intravenous Injection:

- Pain while inserting the needle and after the procedure
- Bruising on the injection site
- Failure to insert the needle into the vein, then accumulation of the drug under the skin and in the structures around the vessel
- Collection of blood around the injection site
- Pain, redness and swelling along the vein as a result of infection.
- Inflammation of the vein or the development of a clot in it.
- Insertion of the needle into the artery.
- Air entering the vein and forming an air plug.

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- Allergy or allergic shock to the drug administered.

3- Subcutaneous Injection

Subcutaneous injection is suitable for the delivery of non-irritating and only small volumes of water-soluble drugs. The appropriate injection site is selected, taking into account the patient's age, clinical condition, the drug and amount of the drug to be administered.

Since the subcutaneous tissue covers all parts of the body, this injection can be applied from many areas. Subcutaneous injection application sites; the outer surface of the upper arms, the abdomen extending from below the costal line to the iliac cristae, the anterior aspect of the thigh, the upper back, and the posterior hip region.

Risks, and Complications of Subcutaneous Injection Procedure:

Regional pain, ecchymosis or hematoma may develop during and after the injection.

Information About Other Procedures That Can Be Applied To You During Your Treatment

During your treatment process, some tests and analyzes may be planned to diagnose and treat your disease. All or some of the following examinations and analyzes can be performed on you.

Analyzes can be performed by taking samples such as blood, urine, swab, and stool. The samples taken are investigated in detail by the laboratory specialists and directed to the doctor requesting the analysis.

Imaging examinations such as X-ray and ultrasound can be performed. Apart from these, you will be informed in detail by your physician for all kinds of interventional procedures and examinations and your approval will be obtained.

Expected Benefits of Treatment

As a result of the application you have made regarding your complaints, the treatment program will be planned according to the condition of your disease as a result of the examinations, analyzes and tests performed. As a result of the implementation of the planned treatment program, benefits are expected regarding the elimination of your existing complaints, prevention of the chronicity (prolongation) and progression of the diseases, and

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regaining your health.

Consequences of Not Applying the Treatment

If the planned examination, diagnosis and treatment applications for your admission complaint are not performed, any disease or diseases that are still present or that you are aware of or are not aware of cannot be diagnosed and appropriate treatment options cannot be planned for you. Therefore, your current complaints continue and may increase. Temporary or permanent damage and loss of function may occur in the patient.

Alternatives to the Treatment

Your doctor will inform you about the alternative methods of the examinations and treatments, if any, and their suitability for your situation.

Estimated Duration of the Treatment

The duration of your treatment will vary according to the condition of your disease. Your stay at the Medical Center is planned until your treatment is concluded. Your doctor will inform you when your discharge process is planned.

Possible undesirable effects of drugs to be used and points to be considered

The drugs to be used during the examination and treatment processes may have a wide variety of toxic (poisonous) effects/side effects depending on the drug used. Therefore, many effects can occur, including life-threatening consequences. Before going to the Medical Center, if you have medicines that you use regularly at home, please inform your doctor and nurse about these medicines. Because if you use the drugs you use and your drugs planned for your treatment at the same time, they may interact and negative effects may occur. Be sure to inform your doctor about all the drugs you use, especially blood thinners, and your current systemic diseases before the procedure.

The issues that the patient should pay attention to before and after the procedure and the problems that may arise if they are not paid attention to.

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Follow the advice of your physicians and nurses during your treatment, and consult your doctor in unexpected situations. Take care to use your medicines recommended by your doctor at indicated time intervals.

When you are discharged, comply with the information and processes given about your control days and ongoing treatment.

Photographs/Observers: I consent to the photography or video recording of the surgery to be performed, including appropriate parts of my body / my patient's body, for scientific, medical or educational purposes, provided that the images do not reveal my or my patient's identity. I also approve the admission of qualified observers to the operating room during surgery in the interest of improving medical education.

PATIENT COMPLIANCE:

Follow all physician instructions carefully; this is essential for the success of your outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activity needs to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation, and the need for a repeat surgery. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

ATTESTATIONS

Smoking, Second-Hand Smoke Exposure, and Other Nicotine Products (Patches, Gum, or Nasal Spray):

Patients who are currently smoking or who use tobacco or nicotine products (patches, gum, or nasal spray) are at a greater risk for significant surgical complications of skin loss and delayed healing and additional scarring. Individuals exposed to second-hand smoke are also at a potential risk for similar complications attributable to nicotine exposure. Additionally, smoking may have a significant negative effect on anesthesia and recovery from anesthesia, with coughing and possibly increased bleeding occurring. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of these types of complications. Please indicate your status:

_____ I am a non-smoker and do not use nicotine products. I understand the potential risk of second-hand smoke exposure causing surgical complications.

_____ I am a smoker or use tobacco/nicotine products. I understand the risk of surgical complications due to smoking or the use of nicotine products.

_____ I have smoked and stopped approximately _____ ago. I understand I may still manifest

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the effects and therefore risks of smoking in my system if not enough time has lapsed.

___ I have been advised to stop smoking immediately and have been informed of the risks, benefits, expectations, and alternatives to my surgery if I continue smoking.

I understand that it is important to refrain from smoking at least six weeks before surgery and until my physician states it is safe to return, if desired. I acknowledge that I will inform my physician if I continue to smoke within this timeframe, and I understand that for my safety, the surgery, if possible, may be delayed.

Smoking may have such a negative effect on my surgery that a urine or blood test just before surgery may be done that will investigate the presence of nicotine. If positive, the surgery may be cancelled and the surgery, scheduling fee, and other prepaid amounts may be forfeited. I will honestly disclose smoking to my surgeon.

DVT/PE Risks and Advisory:

There is a risk of blood clots, DVT, and PE with every surgical procedure. The risk level varies with the risk factors below. The higher the number of risk factors, the greater the risk and the more involved you must be in both understanding these risks and, when permitted by your physician, walking and moving your legs. The use of leg stockings, squeezing active leg devices, and possibly medicines may help lower your risk.

There are many conditions that may increase or affect the risks of clotting. Inform your doctor about any past or present history of the following:

- _____ Past history of blood clots
- _____ Family history of blood clots
- _____ Birth control pills
- _____ Hormone stimulating drugs
- _____ Swollen legs
- _____ History of cancer
- _____ Large doses of vitamins
- _____ Varicose veins
- _____ Past illnesses of the heart, liver, lungs, or gastrointestinal tract
- _____ History of multiple spontaneous abortions or miscarriages

I understand the risks relating to DVT/PE and how important it is to comply with therapy as discussed with my surgeon. The methods of preventative therapy include:

Early ambulation when allowed

_____ Compression devices (SCD/ICD)

_____ Anticoagulation protocols when allowed

For high-risk patients, the risks of VTE are still high, even in the setting of appropriate chemoprophylaxis. If your

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surgery is elective and you are a high-risk patient, it is best to consider not proceeding with such elective surgery.

COMMUNICATION ACKNOWLEDGEMENT – CONSENT

There are many ways to communicate with you. It is important to keep appointments and let us know if problems or issues arise. Methods of communicating are by telephone, text, pager, answering service if available, e-mail, and regular mail. If an emergency arises, keep us alerted of your progress so we may aid in any necessary treatments. Please do not leave a message after hours or on weekends on the office answering machine if any urgent or emergent situation exists, as there is a delay in retrieving such messages. All attempts will be made to preserve your privacy in accordance with the laws and regulations.

Please confirm below all acceptable ways of communicating with you:

_____ Telephone

_____ Home (- -)

_____ Work (- -)

_____ Cell (- -)

_____ Text

_____ E-mail – With up to date e-mail address (@)

_____ Regular mail and delivery

I, hereby, authorize as a healthcare proxy to make decisions and give consents on my behalf , in case I lose my consciousness or I am unable to make a decision about my treatment while my treatment is undergoing.

_____ Telephone

_____ E-mail – With up to date e-mail address (@)

DISCLAIMER

Informed consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s), including no surgery. The informed consent process attempts to define the principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information that is based on all the facts in your case and the current state of medical knowledge.

Informed consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

It is important that you read the above information carefully and have all your questions answered before signing your consent on the next page.

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CONSENT for SURGERY/PROCEDURE or TREATMENT

1. My surgeon informed me about my disease/condition, the planned treatment/procedure, its purpose, duration, benefits, and chance of success. My surgeon explained to me that the planned treatment/procedure may not guarantee improvement and informed me about the healing process, potential risks and complications, alternative methods of treatment, including not having it, and potential situations that I might face in the case of not accepting the treatment/procedure. I have been informed that the practice of Medicine and surgery is not an exact science, that there is no guarantee or warranty expressed or implied although satisfactory results are not uncommon, that additional surgery/treatment/procedure may be necessary, that additional procedures beyond the scope of the informed consent form may be performed during the course of treatment/surgery. He answered all my questions concerning these issues and stated that I could get medical assistance about the same issue through contacting a health institution if necessary.

I hereby authorize Dr. _____ and such assistants as may be selected to perform
.....

I have received the following information sheet:

2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure begins.

3. I consent to the administration of such anesthetics considered necessary or advisable. I have been informed that during the procedure, anesthesia will be performed by an anesthesiologist and sedation by an anesthesiologist or a competent physician practicing sedation. I understand that all forms of anesthesia involve risk and the possibility of complications, injuries, and sometimes death.

4. I understand what my surgeon can and cannot do, and I understand that there are no warranties or guarantees, implied or specific, about my outcome. I have had the opportunity to explain my goals and I understand which desired outcomes are realistic and which are not. All of my questions have been answered, and I understand the inherent (specific) risks to the procedures I seek, as well as those additional risks and complications, benefits, and alternatives. Understanding all of this, I accept the medical treatment/surgery/procedure to be performed by acknowledging that my consciousness is clear and sound and that my decision-making ability is sufficient, and I give my consent to my surgeon and his team to perform the medical treatment/surgery/ procedure that they deem necessary. I understand that I can withdraw my consent at any time under my sole responsibility, if there is no medical problem.

5. I consent to be photographed or televised before, during, and after the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific, or educational purposes, provided my identity is not revealed by the pictures.

6. For the purposes of advancing medical education, I consent to the admittance of observers to the operating room.

7. I consent to the disposal of any tissue, medical devices, or body parts that may be removed.

8. I am aware that there are potential significant risks to my health with the utilization of blood products, and I consent to their utilization should they be deemed necessary by my surgeon and/or his/her appointees.

9. I authorize the release of my personal data to appropriate agencies for legal reporting and medical device

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registration, if applicable.

10. I realize that not having the operation is an option.

11. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:

- a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
- b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
- c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-11).

I AM SATISFIED WITH THE EXPLANATION. (Write in handwriting on the line below.)

(.....)

Patient			
Name - Surname:	Signature:	Date:	Time:
Date of birth:			
The patient's legal representative			
Name - Surname:	Signature:	Date:	Time:
Degree of affinity:			
Reason for obtaining consent from the patient's legal representative:			
<input type="checkbox"/> That patient is unconscious	<input type="checkbox"/> That Patient is under 18 years old		
<input type="checkbox"/> That patient has no ability to make decisions	<input type="checkbox"/> Emergency		
Witness			
Name - Surname:	Signature:	Date:	Time:
Informing doctor			
Name - Surname:	Signature:	Date:	Time:
Translator* (in case of need)			
Name - Surname:	Signature:	Date:	Time:

* I translated the explanations given to the patient by the doctor. In my opinion, the information I translated was understood by the patient and consent was given accordingly.