



GENERAL INFORMATION AND CONSENT FORM

Dokuman No:	YÖN.RB.01-01
Yayın Tarihi:	20.03.2013
Rev.No:	00
Rev.Tarihi:	
Sayfa No:	2/1

DATE:...../TIME:.....

NAME AND SURNAME:.....

PROTOCOL NUMBER:.....

DATE OF BIRTH:.....

GENDER : FEMALE MALE

DEAR PATIENT,DEAR PARENTS

You are admitted to the hospital to take advantage of the health services we offer as hospital. All the rights are entitled to all the rights recognized by the laws of the patients in our country.

This document is intended to benefit from information and your rights of informed consent.

You have the right to obtain information about your health condition as you can tell.

Diagnostic or therapeutic procedures performed on you with all the options you can understand about the dangers and potential benefits of these initiatives are entitled to the information.

Except legal and medical necessity, which may even refuse to be informed. Written report information on the condition of a person that you trust to take your place or have the right to get the request informed.

Diagnostic and therapeutic procedures applied to your health condition or after being informed about the diagnostic or therapeutic procedures by choosing one of these you can accept the application. With some exceptions (consent / acceptance) unless you can accept the application.

Organ life is an emergency or life-threatening situations, diagnostic and therapeutic procedures can be performed without consent.

Health condition to be applied to me by my doctor and medical-surgical therapy for the treatment of diagnostic procedures by selecting one of the enterprise or venture-an alternative you can accept the application. The risks and alternatives of the treatment has been given information by the doctor. This time I refused methods of diagnosis and treatment of risks to my health, which could otherwise threaten that can be applied in place of this treatment have been informed that there are any other medical procedure.

The doctor's planned intervention and /or operations planned if needed additional operations with optional situations that I know also there are applicable options subject that I can ask questions and I know that I can get answers of the questions. I can make my decisions with my own also I have time before I get the treatment. Also I've got notified with written and the way of speaking and having conversation with my doctor. Without being under any pressure, I agree to get the treatment.

All diagnostic and therapeutic methods to be applied due to sickness in the hospital told the possible benefits and risks.

Specialist medical treatment that is required by PRIVATE ÇEVRE HOSPITAL for the treatment of sickness tests required invasive surgical procedure done making my own initiative under no pressure, I admit it.

THE PATIENT IS CONSCIOUS	IN ADDITION THERE IS THE LEGAL REPRESENTATIVE OF THE PATIENT'S UNCONSCIOUS
Patient's Name and surname: Address: Telephone number: Signature:	Patient's Legal representative Name and last name: Address: Telephone number: Signature:
Doctor: Name and surname: Signature:	Doctor: Name and surname: Signature:
Witness: Name and surname: Signature:	Witness: Name and surname: Signature: