

**Declaration of agreement with surgical intervention**

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I (undersigned) declare that I agree to undergo the surgical procedure planned for:

Name of patient: .....

Date of intervention:.....

Kind of intervention:.....  
.....

I (undersigned) declare:

- that I have been given enough information concerning the kind of intervention, the aim and the technical performance
- that I have been given information of possible complications which might appear after the intervention

I (undersigned) will follow up precisely the pre- and post operative instructions.

I (undersigned) completely understand this agreement and undertake this operation on my own behalf.

I (undersigned) explicitly give my permission to perform the intervention as described.

Dr. ....

I (undersigned) know that further information will be given if requested.

In case of litigation only the courts of Brussels have jurisdiction and will apply Belgian law.

Machelen, .....(date)

Name and signature,

**Please contact us by telephone 4 weeks before the surgery in order to confirm the date and hour at which the operation will take place. 0032/2/756.04.03**