



PATIENT'S CONSENT

KNOW ALL MEN THESE PRESENTS:

I, _____ of legal age, a resident of _____ being the patient/the father/mother/brother/sister/relative/guardian/ or person in custody of _____ and representing his/her family, of my own volition and free will do consent and submit myself _____ (name of patient) to _____ (type of procedure) by **Dr. Danilo R .Legita**.

Although I expect the plastic surgery and/or special procedure to be performed upon me with no less than the customary standard of care and diligence required in the practice of their medical profession, I hereby acknowledge that no guarantee has been made to me concerning the operation, treatment and/or special procedure as well as its concomitant results.

Unless there has been a clear showing of negligence on the performing physician, his assistants/associates, I will not hold liable and responsible and hereby waive and forever discharge and hold free the physician surgeon, his assistants/associates and or its staff, from any claims/liabilities of whatever kind or nature arising from, directly or indirectly or by reason of said operation, treatment, special procedures, emergency procedures or intervention. I also understand that if I change my mind to avail or complete the full surgery and/or special procedure(s), my payment shall be no longer refunded to me.

The nature and purpose of the procedure/plastic surgery, possible alternative methods of treatment, the risk involved, and the possibilities and complications have been fully explained to and understood by me.

I consent to be photographed before, during, and after the treatment; that these photographs shall be the property of the above named doctor; and that they may be published in scientific journals and/or shown for scientific reasons.

I certify that I have read and fully understood the above consent for operation, and that all statements made herein have been full explain o me. All blanks or statement requiring completion or insertion were filled in, and those not applicable were stricken-off/cancelled before I sign.

IN WITNESS WHEREOF, I have hereunto set my mind hand(and/or thumbmark) this _____ day of _____, 200__, Philippines.

The foregoing consent was read, discussed and signed in my presence, and in my opinion the person signing did so freely with full knowledge and understanding.

(Signature of patient/ person giving consent)

(witness)