

ANAESTHESIA FORM



NARKOSEVORM

LEES ASSEBLIEF AFDELINGS A, B, C, & D, VUL GEWENS IN, TEKEN ONDER EN OORHANDIG AAN DIE NARKOTISEUR.
L.W. AFDELING C MOET INGEVUL WORD DEUR DIE REKENINGPLIGTIGE

PLEASE READ AND COMPLETE SECTIONS A, B, C, & D, SIGN BELOW AND HAND TO THE ANAESTHESIOLOGIST.
N.B. SECTION C. MUST BE COMPLETED BY THE PERSON RESPONSIBLE FOR THE ACCOUNT.

A OOREENKOMS TUSSEN DIE ANESTESIOLOOG EN PASIËNT AGREEMENT BETWEEN THE ANAESTHESIOLOGIST AND PATIENT

PASIËNT:

- A1. Ek begryp dat 'n insidentvrye narkose nie gewaarborg kan word nie.
- A2. Ek begryp dat teateroerusting en personeel deur die hospitaal verskaf word. Narkosetoerusting word daaglik getoets.
- A3. Ek onderneem om nie alkohol te gebruik, 'n motorvoertuig te bestuur, sosiale media te gebruik, om die alleen-verantwoordelike te wees vir 'n baba of minderjarige kind, enige gevaarlike toerusting te hanteer, belangrike besluite te neem of dokumente te teken vir 'n tydperk van 24 uur nadat narkose toegedien is nie.
- A4. Ek verleen toestemming dat my persoonlike inligting bekend gemaak mag word aan belanghebbende instansies, soos deur die wet bepaal, asook anonieme data van 'n kliniese en praktykbesturende aard wat tot die bevordering van die pasiënt se welstand mag bydra.
- A5. Ek stem toe tot die verwerking van my persoonlike en gesondheidsinligting ten einde behoorlike behandeling aan my te verskaf, en/of vir administratiewe doeleindes deur die betrokke inrigting of professionele praktyk. Hierdie toestemming betrek ook die verantwoordelike partye wat optree as diensverskaffers aan die inrigting of professionele praktyk.
- A6. In die geval van enige eis, klage of grief, sal ek voordat ek enige regsaksie neem, gebruik maak van 'n gratis en konfidensiële premediasievergadering met 'n geakkrediteerde bemiddelaar aangewys deur South African Society of Anaesthesiologists (SASA).
- A7. U narkose rekening is totaal onafhanklik van enige ander rekening wat deur die hospitaal of chirurg uitgereik word.
- A8. Die koste (beraming) vir die narkose is met my bespreek.
- A9. Die koste (beraming) soos uiteengesit in deel C is gebaseer op hoe lank die prosedure sal duur, en mag verander weens onvoorsiene omstandighede of onverwagte komplikasies.
- A10. U is persoonlik verantwoordelik vir betaling van u rekening en nie u mediese fonds nie. U mediese fonds mag dalk nie die hele bedrag dek nie, afhangend van die mediese fonds en die plan opsie wat u gekies het.
- A11. Sou u rekening oorhandig word vir invordering, sal rente van 2% per maand gehê word op alle agterstallige bedrae. Alle koste verbonde aan die invordering sal van u verhaal word teen prokureur en kliënte skaal.

Ek het bostaande gelees, begryp en aanvaar die voorwaardes soos uiteengesit. Ek verklaar dat ek by my volle verstand is ten tye van ondertekening en dat ek dit uit vrye wil doen. Hiermee gee ek toestemming vir narkose vir myself of my afhanklike.

GETEKEN:

DATUM:

PATIENT:

- A1. I understand that no one can guarantee an incident free anaesthetic.
- A2. I understand that the theatre staff and equipment are supplied by the hospital. Anaesthetic equipment is checked on a daily basis.
- A3. I agree not to drink alcohol, drive a car, utilise social media, be responsible as a sole care provider for infants/small children, operate any dangerous equipment, make important decisions or conclude agreements for 24 hours after recovering from anaesthesia.
- A4. I agree to allow my personal data to be forwarded to the relevant organisations as required by law and to allow anonymous data of a clinical and practice management nature, to be collected to help to improve the patients healthcare experience.
- A5. I agree to the processing of my health and personal information in order to provide me with proper treatment, care and/or for the administration of the institution or professional practice concerned. This consent would extend to responsible parties acting as service providers to the institution or professional practice concerned.
- A6. In the event of any claim, complaint or grievance, I shall prior to taking any legal action, promptly initiate a free and confidential pre-mediation meeting with an accredited mediator appointed by South African Society of Anaesthesiologists (SASA).
- A7. Your anaesthetic account is rendered completely independently from the accounts rendered by the hospital and the surgeon.
- A8. The make up of the cost estimate for the anaesthetic service has been discussed with me.
- A9. The cost estimate as set out in section C is time-based and may change as a result of unforeseen circumstances and unexpected complications.
- A10. You are personally responsible for payment and not your medical scheme. Your medical scheme may not cover the full amount on your account, depending on the medical scheme and the plan option which you have chosen.
- A11. Should your account be handed over for collection, interest will be charged at 2% per month on all outstanding amounts. All costs incurred to collect the arrears will be for your account on attorney and client scale.

SIGNED:

DATE:


I have read, understood and agree to the conditions mentioned above. I declare that I am of sound mind at the time of signing this agreement and that I am not under duress. I hereby give permission for anaesthesia on myself or my dependant.

B	PASIENT VAN : PATIENT SURNAME :	GEB.DATUM: BIRTH DATE:
	VOLLE VOORNAME : FIRST NAMES :	

C PERSON RESPONSIBLE FOR ACCOUNT/MAIN MEMBER

MEDISEFONDS : MED FUND :	OPSIE: OPTION:	NOMMER : NUMBER :
MAGTIGINGS No : AUTHORIZATION No :	GAPINGDEKKING: GAP COVER:	
VAN : SURNAME :	TITEL : TITLE :	VOORLETTERS : INITIALS :
POSADRES : POSTAL ADDRESS :		
		POS KODE : POSTAL CODE :
I.D. No :	SEL : CEL :	
TEL HUIS : TEL HOME :	TEL WERK : TEL WORK :	FAKS : FAX :
WOONADRES : RES. ADDRESS :	WERKGEWER : EMPLOYER :	
	ADRES : ADDRESS :	
	epos: email:	
FAMILIE/VRIEND: FAMILY/FRIEND:		
TEL:	KOSTE BERAMING: COST ESTIMATE:	

FOR MORE INFORMATION VISIT WWW.SASAWEB.COM

Dr. No	HOSPITAAL :	VR	DATUM:
	CHIRURG :		0173 0145 0146 0147 0151
	PROSEDURE :		KODE :
	NARKOSETYD : VAN : TOT : MIN		ICD 10
Anaesthesiologist			ASA 0039 MIN 543 0011 MIN
			0109 544 0026 1204 0032 1215 0034 1218 0038 1220 0042 1221 0043 1780 0044 2800 0019 2801 0018 2802 2804 5103
			
	<p>AMPTELIK OFFICIAL PLAK HOSPITAAL PLAKKER HIER PASTE HOSPITAL STICKER HERE</p>		
No			

