

- The doctor has clearly described to me the nature and the purpose of the medical treatment. He also explained to me the contraindications, the discomforts that (may) result from it as well as the side effects, the risks and the possible short-term or long-term complications. I've also been explained about the aftercare and the recovery period.
- I understand that the list of possible complications can never be complete and that there cannot be reached an agreement regarding the final result.
- The doctor explained to me that the medical team may be forced while carrying out the medical treatment to expand the planned treatment with additional treatments different to the one which were discussed initially due to unforeseen circumstances, but which are absolutely necessary from a medical point of view. I've been informed about the fairly foreseeable expansions. So, I hereby give my doctor consent to perform any action which are medically necessary for maintaining or fixing the state of health of the minor.
- I've also been informed that depending on the selected room type additional room- honorary fees (150% honorary fee when choosing a single room) may be charged, as stipulated in the admission statement which shall be presented to me for signing at the moment I'm hospitalised. For further questions regarding the cost and billing, I can turn to the billing department. I shall inform myself about the extent to which my hospital insurance shall cover my costs.
- Regarding the taking of photographs of the treatment for scientific purposes:
 - I give consent that there are clinical photographs taken before, during and after the treatment as addition to the medical file.
 - I don't give consent.
- I've had the opportunity to ask questions and the doctor has responded in a sufficient and complete way. I've understood his answers perfectly.
- I give hereby consent to carry out the treatment as described above under the terms which are stipulated above.
- I'm aware that I cannot be for 100 % guaranteed of the outcome of this procedure/treatment despite the best care of the treating doctor, the other medical, nursing and caregiving staff.
- I declare to have fully informed the doctor about the minor's/my previous state of health and to have answered the questions about it truthfully.

This document is added to the medical file.

Drawn up in duplicate in Deinze on / /

Name and signature representative with mentioning "Having read and approved"

Signature and stamp of the doctor

OR Name and signature of the underage patient with mentioning "Having read and approved"