



Specialist Centre for Orthopaedic Surgery

Patient Label

**BILATERAL TOTAL KNEE REPLACEMENT**  
( \_\_\_\_\_ KNEE FIRST)

**Dr Kaushik Hazratwala**

1. Has explained to me all relevant information in regards to my condition, my surgical and non-surgical options and expected outcomes of the surgery (total knee arthroplasty information);
2. Has detailed the potential risks and complications associated with my procedure and I have understood the information provided (total knee arthroplasty information);
3. Has provided me with detailed patient information documents
4. Has given me the opportunity to ask questions about my procedure and he has answered these questions to the best of his knowledge;
5. Has explained that he collects data for research, the prostheses suppliers and the Australian National Joint Registry for quality assurance, and that my personal information is removed prior to any publication.

**Permission for Additional Surgery**

Dr Hazratwala has explained to me that during surgery it may be necessary for additional surgery to be performed to increase the chances of success or to save my life. In the instance that the surgery is not life threatening;

- I authorise Dr Hazratwala to proceed with any additional surgery that is required
- I do not authorise Dr Hazratwala to proceed with any additional surgery that is required.

**Permission for Blood Transfusion**

I have read the information supplied to me about blood transfusion. I understand blood transfusions may be necessary to save my life. I understand the risks associated with blood transfusions. Please indicate your preferred option;

- I authorise Dr Hazratwala to administer any blood products during my surgery
- I do not authorise Dr Hazratwala to administer any blood products during my surgery.

**Patient Consent**

I hereby give consent to Dr Hazratwala to perform the surgical procedure as outlined above.

Patient Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**Surgeon's Statement**

I declare that I have personally explained this consent form and all the information detailed in the patient information documents. I declare that the patient/substitute decision maker understood the information. I have given the patient/substitute decision maker opportunities to ask questions in relation to the surgery, to which I have answered to the best of my ability.

Surgeon Signature: \_\_\_\_\_

**Dr Kaushik Hazratwala, F.R.A.C.S. (ORTHO)**

Date Signed: \_\_\_\_\_

AOA Sticker