

NARKOSEVORM ANAESTHESIA FORM

Vir meer inligting, besoek:
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LEES ASSEBLIEF AFDELINGS A, B, C, & D, VUL GEGEWENS IN, TEKEN ONDER EN OORHANDIG AAN DIE ANESTESIOLOOG.
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

- A1. Ek begryp dat 'n insidentvrye narkose nie gewaarborg kan word nie.
- A2. Ek begryp dat teateroerusting en personeel deur die hospitaal verskaf word en nie deur die anesthesioloog gewaarborg kan word nie. Narkosetoerusting word egter daaglikse getoets.
- A3. Ek onderneem om nie alkohol te verbruik, 'n motorvoertuig te bestuur of enige gevaarlike toerusting te hanteer, belangrike besluite te neem of dokumente te teken vir 'n tydperk van 24 uur na narkose toegedien is nie.
- A4. Ek verleen toestemming dat my persoon inligting bekend gemaak mag word aan belanghebbende instansies, soos deur die wet en ander instansies bepaal, asook anonieme data van 'n kliniese en praktykbesturende aard wat tot die bevordering van die pasiënt se welstand mag bydra.
- BETALING:**
- A5. Die Narkose rekening is totaal onafhanklik van enige ander rekening deur die hospitaal of chirurg uitgereik.
- A6. U is persoonlik verantwoordelik vir betaling en NIE u mediese fonds nie. U mediese fonds mag dalk nie die volle bedrag vereffen nie.
- A7. **Mora** rente mag gehef word op rekening wat nie binne 60 dae ten volle vereffen is nie.
- A8. U kies die adres soos op die keersy aangedui as u **DOMICILIUM CITANDI ET EXECUTANDI** adres.
U aanvaar die verantwoordelikheid om die praktyk skriftelik van enige adresveranderinge in kennis te stel indien nodig.
- A9. Sou u rekening oorhandig word vir invordering van uitstaande bedrae, sal u aanspreeklik gehou word vir alle regskoste wat insluit regskoste op prokureur-en- Kliënt skaal, invorderingskommissie en opsporingkoste sowel as BTW waar van toepassing.

- A1. I understand that no one can guarantee an incident free anaesthetic.
- A2. I understand that there are equipment and theatre staff supplied by the hospital which cannot be guaranteed by the anaesthesiologist.
- A3. I agree not to drink alcohol, drive a car, or operate any dangerous equipment, make important decisions or sign contracts for 24 hours after recovering from anaesthesia.
- A4. I agree to allow my personal data to be forwarded to the relevant organizations as required by law or other conventions and to allow anonymous data of a clinical and practice management nature, to be collected to help to improve the patients healthcare experience.

PAYMENT:

- A5. The anaesthetic account is rendered completely independent from the accounts rendered by the hospital and surgeon.
- A6. You are personally responsible for payment and NOT your medical aid fund. Your medical aid fund may not cover the full amount.
- A7. **Mora** interest may be charged on accounts that have not been settled in full within 60 days.
- A8. You hereby choose the address on the overleaf as your **DOMICILIUM CITANDI ET EXECUTANDI** address for all purposes of this agreement.

You also acknowledge responsibility to inform the anaesthesiologist in writing of any change of address that may occur since the date of treatment.

- A9. Should your account be handed over for collection of any monies in arrears you will be liable for all legal costs on attorney and client scale, collection charges and tracing fees as well as VAT where applicable.

TEKEN ASB. HIER - PLEASE SIGN HERE

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 / my afhanklike.

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 / my dependant.

GETEKEN:
SIGNED:

DATUM:
DATE:

AMPTELIK (Anesthesioloog)
OFFICIAL (Anaesthesiologist)

GETEKEN:
SIGNED:

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

| | | |
|---------------------------------------|------------------------------------|--|
| MEDIESE FONDS : MED FUND : | OPSIE: OPTION: | NOMMER : NUMBER : |
| MAGTIGINGS No : AUTHORIZATION No : | AFR ENG | TITEL: PROF DR MNR MEV MEJ PROF DR MR MRS MISS |
| VAN : SURNAME : | VOORLETTERS : INITIALS : | |
| POSADRES : POSTAL ADDRESS : | epos: email: | |
| | | 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 : | |
| FAMILIE/VRIEND: FAMILY/FRIEND: | B.A.D./I.O.D. EISNo./CLAIM Nr: | WERKGEWER REGISTRASIE No : EMPLOYER REGISTRATION No : |
| TEL: | DAT.v.BESERING: DATE of INJURY: | |

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SUPRANE

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 **Naropin**

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|--------------------|-------|------|
| HOSPITAAL : | VR | DAT. |
| CHIRURG : | 0150 | 0145 |
| PROSEDURE : | 0147 | 0151 |
| NARKOSETYD : VAN : | TOT : | MIN |
| L | | M |
| | | BMI |

**AMPTELIK OFFICIAL
PLAK HOSPITAAL PLAKKER HIER
PASTE HOSPITAL STICKER HERE**

| | |
|------|------|
| 0109 | 544 |
| 0032 | 1215 |
| 0034 | 1216 |
| 0038 | 1218 |
| 0042 | 1220 |
| 0043 | 1221 |
| 0044 | 2800 |
| 0006 | 2801 |
| 5433 | 2802 |
| 5434 | 0018 |
| 5435 | 0019 |
| 1780 | |