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Informed Consent

	Yes	No
Did you receive the information form about anesthesia?	0	0
Are you informed about the anesthesia technique?	0	0
Are you aware of the possible risks and complications of anesthesia?	0	0
Are you aware of the possible side effects of anesthesia?	0	0
Do you consent to inserting an IV catheter?	0	0
Do you consent that medical information will be shared with us?	0	0
Do you consent that we do extra medical tests if necessary? (Think of things like blood tests or an ECG)	0	0
Do you consent to general anesthesia?	0	0

Place:

Date:

Name:

Patient sticker

Signature:

(If the patient is younger than 16, a parent or caregiver should sign)