

Dear patient,

This document aims to inform you about your planned treatment by the Oral and Maxillofacial Surgery department of Heilig Hart Leuven hospital.

Patient: _____ hereby give consent to Dr. _____ and the Oral and Maxillofacial Surgery department at Heilig Hart Leuven to perform the following procedure: _____

I understand that hidden pathology may manifest itself and/or unexpected conditions may occur during the procedure. I hereby give my consent to the attending physician to take the necessary action entirely within the field of their expertise to maintain and/or optimise my health.

I have truthfully informed the attending physician of my current and past health, particularly with regard to previous radiation therapy in the head and neck area, previous and/or current intake of bisphosphonates and any medication affecting blood clotting.

The expected consequences and practical arrangements were discussed with the attending physician. Any complications following my medical condition have also been discussed thoroughly.

I understand that individual responses to the initiated treatment cannot always be predicted and if any unexpected issues were to arise, I will report these to the attending physician or the medical staff at Heilig Hart Leuven hospital.

The attending physician and their team can use the clinical equipment related to my treatment (radiographs, clinical imaging, etc.) for informative and scientific purposes.

Certain costs resulting from the procedure itself, such as the creation of plaster models – model surgery – wafers, imaging analysis, etc. are not reimbursed by the conventional health insurance. Dental implants and certain aesthetic procedures are also not reimbursed by the conventional health insurance.

The estimated own cost related to this procedure is _____ euros.

I have carefully read and discussed this document with the attending physician. I have been sufficiently informed and have had the opportunity to ask questions. I can therefore sign this document freely and independently and I hereby give my consent to undergo the procedure as described above.

Signature of the patient or patient's parent or guardian if underage

Signature of the doctor

Drawn up in Leuven on _____

In 2 copies.