

IMPLANTATION OF A PACEMAKER IMPLANTATION EINES HERZSCHRITTMACHERS

Information and medical history for adult and juvenile patients for preparation of the required pre-procedure interview with the doctor

Clinic / Doctor:



Patient data:

englisch

Procedure scheduled to take place on (date):

Dear patient,

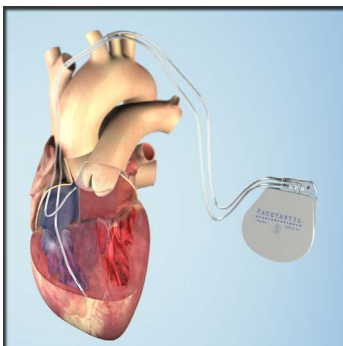
you have been diagnosed with cardiac arrhythmia which cannot be controlled with medication alone and thus requires the implantation of a pacemaker. Your heart's own electrical impulses are not being developed or transmitted properly, leading to your heart beating too slowly or irregularly. The doctor has recommended the implantation of a pacemaker, which emits electrical impulses to the heart when it beats too slowly, thus regulating the heartbeat.

The following text is intended to inform you and - if applicable - your family about the course of the different available surgical procedures, related risks and any measures you need to take before and after the procedure. You may have a short film shown to you. This form and the film will serve to prepare you for your pre-procedure interview with the doctor. During the interview, the doctor will explain to you the advantages and disadvantages of the scheduled procedure compared with alternative methods available. He will inform you of any risks specific to your case and of any potential complications which could result from them. Please read the following information and complete the form carefully. It is understood that your data will be treated as confidential.

During the interview, the doctor will answer all of your questions in order to reduce any fears or concerns you may have. You may then consent to the procedure suggested to you or reject the procedure. Your doctor will provide you with a copy of the completed and signed form after the interview.

FUNCTION OF THE HEART

The heart consists of four cavities: two atria and two chambers. The heart's own electrical impulses maintain a regular heartbeat. These impulses are normally produced by special muscle cells in the right atrium, the so-called sinus node, and are then transmitted via the muscles of the atria.



This leads to the atria contracting and pumping the blood into the cardiac chambers. A second group of muscle cells, the so-called AV node, then picks up the signal and transmits it via a special bundle of fibres to the cardiac chambers. The chambers contract shortly after the atria and, by doing so, pump the blood into the

aorta and the lungs. In a healthy adult in a resting state, the heart normally beats at a rate of 60 times per minute.

If any malfunctions occur during the development or transmission of the electrical impulses, the heart will end up beating arrhythmically, which is then referred to as cardiac arrhythmia. The heart then beats too slowly or irregularly, and in some cases, the heartbeat may even stop intermittently. In those events, the body receives too little oxygen, leading to dizziness, tiredness or faintness.

DIFFERENT TYPES OF PACEMAKERS

A pacemaker is intended to reinstate a regular heartbeat. The pacemaker consists of a generator, also referred to as the aggregate, which emits electrical impulses via probes.

The implantation is usually carried out under a local anaesthetic. In addition, the doctor will administer a strong sedative to you if need be. In exceptional cases, the procedure can also be carried out under general anaesthesia, regarding which you will then receive a separate information sheet.

There is a great variety of pacemakers available nowadays. The doctor will select a suitable pacemaker model for you. The following model is to be implanted in your case:

Temporary pacemaker

If your heart only needs temporary support as a result of a heart attack or heart surgery, the aggregate will not be implanted, but attached to the outside of your body. The probes are inserted into the heart via a vein, usually the vein below the collar bone or the jugular vein. Alternatively, they can also be attached directly to the heart muscle in a surgical procedure.

Permanent pacemaker

Single-chamber pacemaker - right atrium

If you are suffering from sinus node dysfunction in the right atrium, it may be sufficient in some cases to place a single pacemaker probe inside the atrium.

Single-chamber pacemaker - right cardiac chamber

In patients with chronic atrial fibrillation or an irregular conduction disturbance between the atrium and the chamber (intermittent AV block), a pacemaker probe can be placed inside the right cardiac chamber.

Dual-chamber pacemaker

If you are suffering from a conduction disturbance between the atrium and the chamber, a so-called AV block, one probe each will be placed inside the right atrium and the right cardiac chamber.

The pacemaker probes are usually inserted into the heart via a vein close to the collar bone under X-ray guidance and fixed there. The position of the probe is then checked with a test stimulation. During the test, you may feel your heart beating faster. This is perfectly normal and no cause for concern.

If the probes have been placed correctly, they are attached to the aggregate and the aggregate is implanted below the collar bone in the area of the major pectoral muscle. The pacemaker's settings are usually adjusted to your individual needs right away or the next day.

POSSIBLE ADDITIONAL MEASURES

During the operation, it may become apparent that a different procedure is needed (such as the implantation of a second or third probe). In some cases, placing the probe in the best-possible position will not be successful right away. The position of the probe will then have to be corrected in a repeat procedure. If an implantation cannot be carried out successfully, the probes can also be attached to the heart muscle from the outside. This will require open surgery in order to access the heart. In order to avoid having to undergo a separate procedure at a later point in time, please agree to any necessary changes or additional measures now.

If the doctor expects that such additional measures will be necessary in your case, he/she will let you know during your pre-procedure interview.

ALTERNATIVE METHODS

Different medications can be used to regulate the heartbeat. However, the medications used have side effects of their own and may not suffice in some cases.

In exceptional cases, stimulation of the heart can also be effected via two large-scale electrodes, which are affixed to the chest from the outside. It is also possible to insert a probe into the oesophagus to stimulate the heart. These two procedures can be done quickly and do not require extensive surgical intervention; however, the stimulation can be very uncomfortable or even painful.

Your doctor will explain to you why he would recommend the implantation of a pacemaker in your particular case.

PROSPECTS OF SUCCESS

A pacemaker can improve your heart's performance and improve your quality of life. Dizziness, tiredness or faintness usually disappear reliably.

Even though the pacemaker will start supporting your heartbeat right after implantation, it may take up to three months for you to adjust to the new situation. If you feel unsettled, do not hesitate to talk about it. Your doctor will readily answer any questions you might have regarding your expectations and fears.

Depending on the frequency of the impulses emitted, the battery of the aggregate is meant to last five to ten years. After that, a so-called aggregate or generator replacement will be required, during which the aggregate below the skin will be removed and a new one implanted.

Many patients fear that their pacemaker could prevent a natural death. However, a pacemaker does not extend anyone's life artificially and does not have any effect on the process of dying.

DIRECTIONS FOR PREPARATION AND AFTERCARE

Please follow the instructions of the doctor and of the nursing personnel closely. Unless specifically instructed otherwise, please adhere to the following guidelines:

Preparation:

Medication: It is important for you to inform your doctor of any medication you take or inject on a regular basis (in particular any anticoagulant agents such as Aspirin® [ASS], Marcumar®, Heparin, Plavix® etc. or metformin-containing antidiabetic medicines (biguanides)) or have taken irregularly over the course of the past eight days prior to the procedure (for instance pain killers such as ibuprofen, paracetamol). This includes any over-the-counter medication and herbal remedies. Your doctor will let you know if and for how long you need to stop taking your medication.

Aftercare:

Your vital functions will be monitored for a certain period of time after the procedure. Please inform your doctor immediately if you experience symptoms such as pain when breathing, heart problems, breathing or circulatory problems, fever or paraesthesia. These symptoms may appear days or even weeks after the procedure and must be examined immediately.

If the procedure is performed on an out-patient basis, it is necessary for an adult to come and collect you. Please also make sure there will be an adult at home to supervise you for 24 hours after the procedure or for the period of time recommended by your doctor. Your reaction capacity will be impaired through the administration of analgesics and/or sedatives. Therefore, for a period of 24 hours after having been released from the clinic/surgery, you must not actively participate in road-traffic (not even as a pedestrian) nor participate in any risky activities, especially activities without secure support. You should also refrain from taking any important personal or economic decisions during this period.

With regard to additional guidelines regarding e.g. taking medication or physical activity, please follow the instructions of your doctor closely.

Before you are allowed to go home, you will receive a pacemaker identification card. It contains all important information regarding the type and settings of your pacemaker. Please carry this card with you at all times and present it to the doctor or dentist before any examination.

After a pacemaker has been implanted, regular check-ups will be necessary. Those pacemaker check-ups serve to verify that the pacemaker settings still match your individual needs. The first check-up will usually take place four to six weeks after you have been released. Further check-ups will then be scheduled, depending on the case, within three to twelve months. Please be conscientious in keeping those appointments.

Please make sure that the area where the aggregate has been implanted into your chest is not subjected to mechanical irritation, such as through braces. Otherwise, the aggregate may break through the surface of the skin.

Modern pacemakers are not overly sensitive to electronic devices and electrical fields. However, please remove yourself from any devices or turn them off, and inform us or the doctor who is continuing your treatment, should you notice an increase in your heart rate, cardiac arrhythmia or dizziness.

To be safe, mobile phones should always be carried and held on the side of the body opposite the pacemaker.

If you are taking a flight, please inform security and adhere to their instructions regarding security checks.

RISKS, POSSIBLE COMPLICATIONS AND SIDE EFFECTS

Any medical procedure is accompanied by risks. The occurrence of side effects and complications depends on several factors, (such as the patient's age, overall health, previous conditions, life style). Possible complications are listed in the following, which may require additional treatment or surgery and some of which may be **life-threatening** or lead to permanent damage – even after some time. During the interview, your doctor will inform you of any risks specific to your case. You may also choose to waive a detailed explanation. In that event, please pass over this section on risks and confirm your waiver with your signature in the final section of this form.

Infections, for instance at the site where an injection needle or catheter was inserted, including syringe abscess, tissue death (necrosis) and scarring or vein inflammation (phlebitis) rarely occur. Infections of the skin pouch carrying the pacemaker may require the removal of the pacemaker or the implantation of the aggregate on the other side of the chest. An infection of the wound will lead to swelling, redness, pain, warm skin and a temperature. In most cases, infections can be treated successfully with antibiotics. In rare cases, germs may be introduced into the bloodstream, leading to dangerous blood poisoning (toxaemia) or even to inflammation of the endocardium (endocarditis) as a result. Intensive medical care or removal of the pacemaker will then be required. In extremely rare cases, an infection may result in the death of a patient despite proper treatment.

Bruising (haematomata) sometimes occurs and may lead to firm, painful swelling. In most cases, they disappear after a few days or weeks without treatment.

Damage to the skin, soft tissue or nerves (e. g. through injections, disinfectants, the use of electrosurgical instruments or despite proper positioning) is rare. A pressure ulcer (decubitus), sensory disturbance, numbness, paralysis and pain may then result. They are usually temporary. On rare occasions, these symptoms may persist even after treatment, or scars may remain.

Allergic reactions (intolerance symptoms), for instance to medication (antibiotics, analgesics etc.) or to disinfectants or latex rarely occur. Reddening of the skin, skin rash, wheal formation, itching, swelling or nausea and coughing may then occur as a result. They normally disappear without treatment. Severe reactions, e.g. swelling of the laryngeal mucous membrane, disturbances in the function of the cardiovascular system and the lungs are very rare. The shortness of breath, spasms, tachycardia or circulatory shock which may then result require adequate intensive care. Temporary or even permanent organ damage such as brain damage, vision disorders, nerve damage and even paralysis, kidney dysfunction and even kidney failure can occur despite adequate treatment.

When the probes are inserted and positioned inside the heart, you may experience uncomfortable **cardiac arrhythmia**. In extreme cases, dangerous tachycardia may occur, which will then have to be stopped with a power surge.

During or after the operation, existing blood clots (**thromboses**) may become detached or new blood clots may form, for instance through the insertion of the pacemaker probes. A blocked vessel may then result (**embolism**), for instance in the arm, including circulatory disturbances and swelling. Such blood clots may travel to other parts of the body and block the vessels of the lungs

(lung embolism), for instance, or cause a stroke with permanent paralysis or kidney failure. Treatment with anticoagulant agents may promote the risk of bleeding or post-operative bleeding. If Heparin is administered, the risk of **severe coagulopathy** (HIT) is increased. This means that the risk of thrombosis formation and thus obstruction of blood vessels is increased.

The insertion and attachment of the pacemaker probes may cause **injuries or perforation of the vein or the wall of the heart**. **Bleeding** is usually noticed immediately and can then be stopped. Sometimes, further measures may have to be taken; should severe blood loss occur, the use of donor blood/ blood components (**transfusion**) may be required. This can lead to transmission of diseases, such as hepatitis in very rare cases (causing dangerous inflammation of the liver), HIV in extremely rare cases (causing AIDS), BSE (causing a form of Creutzfeldt-Jakob disease) or also of other dangerous – even unknown – diseases. Donation of your own blood usually isn't useful.

Post-procedure bleeding of the heart may lead to blood collecting inside the pericardium and impair the pumping function of the heart. A puncture or surgical opening of the pericardium will then be required.

If air enters through the vein during probe implantation, it may lead to dangerous **air embolism** requiring intensive medical care.

Air may enter into the chest during the procedure (**pneumothorax**) or blood or fluids may collect inside the chest. Coughing, restlessness, sweating, increased heart rate and shortness of breath may then result. If conservative treatments such as breathing therapy or diuretics do not suffice, a puncture or suction drain may be needed.

Nerve injuries e.g. of vocal chord nerves, the phrenic nerve or the nerve bundle that supplies the arm, will lead to temporary, in rare cases to permanent speech impairments, hoarseness, shortness of breath or paralysis of the arm.

Breathing disturbances due, for instance, to diaphragmatic weakness may require respiration in intensive care for several days after the procedure. This may cause pneumonia.

With patients predisposed to delayed wound healing or **wound healing disorder**, painful scarring and abnormal proliferation of scar tissue (keloids) may occur. The area around the surgical scar may remain numb.

Especially in the beginning, the heartbeat itself or sudden jolting movements may lead to **slipping of the probes** inside the heart. The generator will then have to be reprogrammed or the probes will have to be fixed inside the heart again.

Alterations of the heart muscle through inflammation or impaired blood circulation may also lead to an **impairment of pacemaker function**, to an extent which will require a corrective procedure in which the probes inside the heart will have to be relocated.

Since the pacemaker probes are highly flexible and thus move with every heartbeat, the mechanical wear and tear of several years may lead to a **probe fracture** or to a short circuit. The probe will then have to be replaced.

Since the implantation procedure has to be carried out under X-ray control, the body is **exposed to radiation**. Acute damage such as local skin alterations are rare. Long-term effects cannot be ruled out entirely.

Medical devices are subject to very high quality standards. Nevertheless, **malfunctioning** cannot be ruled out entirely even with a pacemaker. In that extremely rare event, the pacemaker may have to be replaced.

Important Questions for Outpatients

Wichtige Fragen für ambulante Eingriffe

Who will pick you up when you are discharged from the hospital/ clinic/surgeon's practise? Wer wird Sie abholen, sobald Sie aus Klinik/Praxis entlassen werden?

Name and age of the person picking you up: [Name und Alter des Abholers]

Where can you be reached within the 24 hours after surgery?

Wo sind Sie in den nächsten 24 Stunden nach dem Eingriff erreichbar?

Street, house number, postcode, place: [Straße, Hausnummer, PLZ, Ort]

Telephone: [Telefonnummer]

Name and age of person looking after you: [Name und Alter der Aufsichtsperson]

Who is your physician (the one whose care you are in/who referred you/family surgeon)? Wer ist Ihr überweisender Arzt / Hausarzt / weiter betreuender Arzt?

Name: [Name]

Street, house number: [Straße, Hausnummer]

postcode, place: [PLZ, Ort]

Telephone: [Telefonnummer]

Questions about Your Medical History

Please fill in the following questionnaire carefully before your information talk. **Please tick the applicable box!** It goes without saying that your information will be treated confidentially. The information you provide will help the physician to better assess the risks in your particular case, to advise you on the complications that could occur, and to take any steps needed to prevent complications and side effects.

Information about medications:

Do you regularly require blood thinning medications (anticoagulants) or have you taken any or have any been injected during the past 8 days? yes no

Aspirin® (ASS), Clopidogrel, Eliquis®, Heparin, Marcumar®, Plavix®, Pradaxa®, Ticlopidin, Xarelto®.

Angaben zur Medikamenteneinnahme: Benötigen Sie regelmäßig blutgerinnungshemmende Mittel oder haben Sie in der letzten Zeit (bis vor 8 Tagen) welche eingenommen bzw. gespritzt? Aspirin® (ASS), Clopidogrel, Eliquis®, Heparin, Marcumar®, Plavix®, Pradaxa®, Ticlopidin, Xarelto®.

Any other: _____
Sonstiges:

When did you take the last dose? _____
Wann war die letzte Einnahme?

Do you take any other medications? yes no

Werden andere Medikamente eingenommen?

If so, which ones: _____
Wenn ja, bitte auflisten:

(Please include non-prescription medications, herbal and other natural remedies, vitamins, etc.) (Auch rezeptfreie Medikamente, natürliche oder pflanzliche Heilmittel, Vitamine, etc.)

Have you ever had an operation in the chest area or on your heart? Do you have a breast implant? yes no

Wurden Sie schon einmal im Brustbereich oder am Herzen operiert oder haben Sie ein Brustimplantat?

Are you pregnant? not certain yes no
Sind Sie schwanger? nicht sicher

Do you smoke? yes no

If so, what and how much daily: _____
Rauchen Sie? Wenn ja, was und wie viel täglich:

Do you have or have you ever had any of the following diseases: Liegen oder lagen nachstehende Erkrankungen vor:

Blood diseases / blood clotting disorders? yes no

Increased bleeding tendency (e.g. frequent nose bleeds, increased post-operative bleeding, increased bleeding from minor injuries or after dentist treatment, stronger or longer menstrual bleeding), tendency to bruise (frequent bruising possibly for no particular reason).

Bluterkrankung/Blutgerinnungsstörung? Erhöhte Blutungsneigung (z.B. häufiges Nasenbluten, verstärkte Nachblutung nach Operationen, bei kleinen Verletzungen oder Zahnarztbehandlung, verstärkte oder verlängerte Regelblutung), Neigung zu Blutergüssen (häufig blaue Flecken auch ohne besonderen Anlass).

Do you have any blood relatives with signs of blood disease / clotting disorders? yes no

Gibt es bei Blutsverwandten Hinweise auf Bluterkrankungen/Blutgerinnungsstörungen?

Has a transfusion of blood or blood components ever been necessary? yes no

War jemals eine Übertragung von Blut/Blutbestandteilen notwendig?

If so, were there any complications? yes no

Wenn ja, kam es dabei zu Komplikationen?

Blood clot (thrombus) / blood vessel occlusion (embolism)? yes no

Blutgerinnsel (Thrombose)/Gefäßverschluss (Embolie)?

Allergies / Oversensitivity? yes no

Medications, foods, contrast media, iodine, sticking plaster, latex (e.g. rubber gloves, balloons), pollen (grass, trees), anaesthetics, metals (itching caused by metal spectacles frames, jewellery, jeans buttons).

Allergie/Überempfindlichkeit? Medikamente, Lebensmittel, Kontrastmittel, Jod, Pflaster, Latex (z.B. Gummihandschuhe, Luftballon), Pollen (Gräser, Bäume), Betäubungsmittel, Metalle (z. B. Juckreiz durch Metallbrillengestell, Modeschmuck oder Hosennieten).

Any other: _____
Sonstiges:

If certain answers are preselected, please correct them if anything has changed.)

**Diseases of the respiratory tract
(breathing passages) or lungs?**
 yes no

Asthma, chronic bronchitis, inflammation of the lungs, emphysema, sleep apnoea (intense snoring with breathing interruptions), vocal cord/diaphragm paralysis.

Erkrankung der Atemwege/Lungen? Asthma, chronische Bronchitis, Lungenentzündung, Lungenemphysem, Schlafapnoe (starkes Schnarchen mit Atemaussetzern), Stimmband-Zwerchfelllähmung.

Any other: _____
Sonstiges:

Metabolic diseases?
 yes no

Diabetes (sugar sickness), Gout.

Stoffwechsel-Erkrankungen? Diabetes (Zuckerkrankheit), Gicht.

Any other: _____
Sonstiges:

Thyroid diseases?
 yes no

Underactive thyroid, overactive thyroid.

Schilddrüsenerkrankungen? Unterfunktion, Überfunktion.

Any other: _____
Sonstiges:

Kidney diseases?
 yes no

kidney insufficiency, kidney inflammation.

Nierenerkrankungen? Nierenfunktionsstörung (Niereninsuffizienz), Nierenentzündung.

Any other: _____
Sonstiges:

Communicable (contagious) diseases?
 yes no

Hepatitis, tuberculosis, HIV.

Infektionskrankheiten? Hepatitis, Tuberkulose, HIV.

Any other: _____
Sonstiges:

Predisposition to impaired wound healing, abscesses, fistulas, excessive scar formation (keloids)?
 yes no

Neigung zu Wundheilungsstörungen, Abszessen, Fisteln, starker Narben-Bildung (Keloide)?

Medical documentation for the informative interview

Ärztl. Dokumentation zum Aufklärungsgespräch

To be completed by the doctor Wird vom Arzt ausgefüllt

Über folgende Themen (z. B. mögliche Komplikationen, die sich aus den spezifischen Risiken beim Patienten ergeben können, nähere Informationen zu den Alternativmethoden, Erfolgsaussichten) habe ich den Patienten im Gespräch näher aufgeklärt:

I have proposed:

Vorgeschlagen habe ich:

- Temporary pacemaker
- Single-chamber pacemaker - right atrium
- Single-chamber pacemaker - right cardiac chamber
- Dual-chamber pacemaker

Capability to give wilful consent:

Fähigkeit der eigenständigen Einwilligung:

- The patient is **capable of making a decision** on the recommended procedure on his/her own and giving his/her consent for the procedure.
Der/Die Patient/in besitzt die Fähigkeit, eine **eigenständige Entscheidung** über die empfohlenen Maßnahme zu treffen und seine/ihre Einwilligung in den Eingriff zu erteilen.
- The patient is represented by a **custodian** with a custodian's card which states that he/she is also responsible for the patient's healthcare, or by a trusted person with a healthcare proxy. These persons are capable of making a decision in the best interest of the patient.
Die Patientin/Der Patient wird von einem **Betreuer** mit einem die Gesundheitsorge umfassenden Betreuerausweis oder einer Vertrauensperson mit einer Vorsorgevollmacht vertreten. Diese sind in der Lage, eine Entscheidung im Sinne des Patienten zu treffen.
- Custodian's card healthcare proxy advance healthcare directive has been submitted.
 Betreuerausweis Vorsorgevollmacht Patientenverfügung liegt vor.

Place, date, time [Ort, Datum, Uhrzeit]

Doctor's signature [Unterschrift der Ärztin/des Arztes]

Patient's refusal Ablehnung

The doctor _____ has provided me with detailed information regarding the procedure at hand and has also pointed out the disadvantages of rejecting it. I have understood the information provided to me and reject the procedure suggested to me.

Die Ärztin/der Arzt hat mich umfassend über die vorgeschlagene Maßnahme und über die sich aus meiner Ablehnung ergebenden Nachteile aufgeklärt. Ich habe die diesbezügliche Aufklärung verstanden und lehne die mir vorgeschlagene Maßnahme ab.

Place, date, time [Ort, Datum, Uhrzeit]

Refusal of patient / legal guardian / witness if applicable
[Ablehnung Patientin / Patient / Betreuer / ggf. des Zeugen]

DECLARATION OF CONSENT

Please tick the appropriate boxes and confirm your statement with your signature below:

- I hereby confirm that I have understood all sections of this form.** I have read the entire form (6 pages). During the pre-procedure interview with the doctor _____, I received detailed information regarding the course of the scheduled procedure, the risks, complications and side effects associated with it as they apply to my particular case as well as the advantages and disadvantages of any alternative methods. **Ich bestätige hiermit, dass ich alle Bestandteile der Patientenaufklärung verstanden habe.** Diesen Aufklärungsbogen (6 Seiten) habe ich vollständig gelesen. Im Aufklärungsgespräch mit der Ärztin/dem Arzt wurde ich über den Ablauf der geplanten Maßnahme, deren Risiken, Komplikationen und Nebenwirkungen in meinem speziellen Fall und über die Vor- und Nachteile der Alternativmethoden umfassend informiert.
- I deliberately refrain from obtaining a more detailed explanation.** However, I hereby confirm that the doctor _____ instructed me regarding the necessity of the procedure, its type and scope as well as the fact that all medical procedures are accompanied by certain risks. **Ich verzichte bewusst auf eine ausführliche Aufklärung.** Ich bestätige hiermit allerdings, dass ich von der Ärztin/dem Arzt über die Erforderlichkeit der Maßnahme, deren Art und Umfang sowie über den Umstand, dass alle medizinischen Maßnahmen Risiken bergen, informiert wurde.

I hereby confirm that I do not have any additional questions and do not need more time for consideration. I consent to the procedure proposed. I have answered the questions regarding my medical history (anamnesis) fully to the best of my knowledge.

Ich versichere, dass ich keine weiteren Fragen habe und keine zusätzliche Bedenkzeit benötige. Ich stimme der vorgeschlagenen Maßnahme zu. Die Fragen zu meiner Krankengeschichte (Anamnese) habe ich nach bestem Wissen vollständig beantwortet.

My consent also applies to any necessary additional measures as well as to any required changes or additions to the procedure.
Meine Einwilligung bezieht sich auch auf alle notwendigen Neben- und Folgemaßnahmen, sowie auf erforderliche Änderungen oder Erweiterungen des Maßnahme.

I confirm that I am capable of following the instructions given to me by my doctor.

Ich versichere, dass ich in der Lage bin, die ärztlichen Verhaltenshinweise zu befolgen.

- I agree that my copy of this explanatory form may be sent to the following e-mail address: Ich bin damit einverstanden, dass meine Kopie dieses Aufklärungsbogens an folgende E-Mail-Adresse gesendet wird:

e-mail address [E-Mail-Adresse]

Place, Date, Time [Ort, Datum, Uhrzeit]

Signature of the patient / legal guardian(s) [Unterschrift Patientin / Patient / Betreuer]

Copy/Kopie:

- received/erhalten
- waived/verzichtet

Signature Copy received/waived
Kopieerhalt/-verzichtet