

REMOVAL OF PROSTATE TISSUE VIA THE URETHRA (TUR-P, TUR-BN) ENTFERNUNG VON PROSTATAGEWEBE ÜBER DIE HARNRÖHRE (TUR-P, TUR-BH)

Information and medical history for 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,

your enlarged prostate is causing problems during urination. Your doctor has therefore recommended that you have the enlarged parts of your prostate removed. The scheduled procedure will be carried out via the urethra, meaning no skin incision is required.

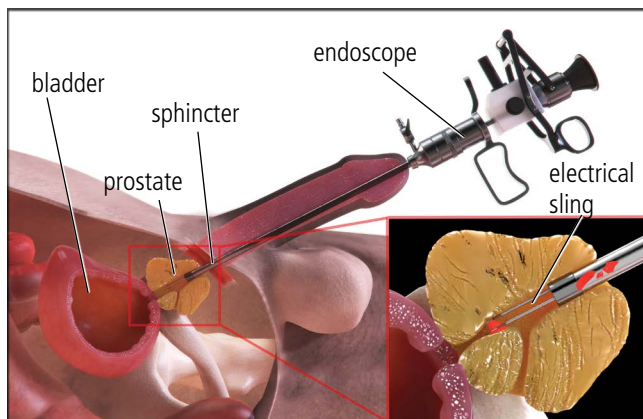
This form will serve to prepare you for your pre-procedure interview with the doctor. During the interview, the doctor will explain to you what the scheduled procedure involves and inform you of any related risks. The doctor will answer all of your questions in order to reduce any fears or concerns you may have. You may then consent to the procedure suggested to you. Your doctor will provide you with a copy of the completed and signed form after the interview.

REASONS FOR THE PROCEDURE

This surgical removal of prostate tissue may become necessary for several reasons, for instance:

- problems during urination due to benign enlargement of the prostate (prostate adenoma, prostate hyperplasia)
- problems during urination due to a malignant prostate tumour (prostate carcinoma, metastasis in the prostate)
- scarring in the area connecting the bladder with the prostate (bladder neck stenosis)
- to open and drain a collection of pus (abscess) in the prostate
- to stop bleeding from the prostate

COURSE OF OPERATION



The procedure is usually carried out under a general anaesthetic or spinal anaesthesia, regarding which you will be informed by an anaesthetist.

During the procedure, an endoscope with a metal sling attached to it is inserted into the urethra and all the way into the bladder under visual guidance (fig.). The tissue to be removed will then be skimmed bit by bit with the sling, through which runs an electric current; any

bleeding will be stopped at the same time through ablation. Only the internal part of the prostate constricting the urethra is removed during the procedure. Those parts of the prostate growing on the capsule will remain. At the end of the procedure, the skimmed tissue is removed through rinsing and sent in for microscopic analysis. This serves to detect any malignant or other pathological alterations.

After the procedure, a special plastic tube (bladder catheter) is inserted into the bladder, usually via the urethra or via the abdomen in rare cases, in order to facilitate regular rinsing of the bladder. This is intended to prevent any accumulation of dried blood in the bladder. The rinsing solution can be bloodied after surgery. This usually does not constitute post-operative bleeding and is part of the normal healing process. The doctor in charge of you will check the rinsing solution on a regular basis in order to detect any post-operative bleeding early on. The urethral catheter is usually left in place for two to four days. In some cases, it may be advisable to administer antibiotics as a precautionary measure in order to prevent urinary tract infection.

You doctor will inform you regarding the reasons for the procedure in your particular case, its projected duration as well as whether antibiotics should be taken beforehand.

ALTERNATIVE METHODS

Prior to surgery, medication is usually administered to facilitate urination. Your doctor will inform you whether this is possible and/or advisable in your case.

Problems urinating can also be alleviated with a catheter inserted through the abdomen. However, the tube will then have to be replaced regularly by a doctor and there is the risk of the catheter slipping from the bladder. Moreover, painful urinary tract infection accompanied by a fever can occur.

If the prostate is enlarged significantly, open surgery may also be an option. However, it usually constitutes a much greater strain on the patient and involves a longer healing process.

Other operation methods, such as laser surgery or microwave therapy, may also be available to treat prostate enlargement. Please ask your doctor whether any of these alternative methods could be used in your case.

PROSPECTS OF SUCCESS

The goal of the procedure is to facilitate easier urination. With an enlarged prostate, the remaining parts of the prostate may still hinder urination even after successful surgery. Should this be the case, the procedure may have to be repeated. Your doctor will let you know which results can be expected in your particular case.

DIRECTIONS FOR PREPARATION AND AFTERCARE

Please read the following section carefully and follow the instructions of the doctor and of the nursing personnel closely.

Preparation:

Medication: It is important for you to inform your doctor of any medication you take or inject on a regular basis or have taken over the course of the past eight days prior to the procedure. This applies in particular to any anticoagulant agents such as Aspirin® (ASS), Marcumar®, Heparin, Plavix®, Ticlopidin, Clopidogrel, Apixaban (Eliquis®), Edoxaban (Lixiana®), Rivaroxaban (Xarelto®), Dabigatran (Pradaxa®) etc. or metformin-containing antidiabetic medicines, so-called biguanides. Please also let your doctor know if you take any over-the-counter medication and herbal remedies or pain killers such as ibuprofen, paracetamol or morphine-based medication. Your doctor will let you know if and for how long you need to stop taking your medication.

Urinary tract infection: If you are already suffering from a urinary tract infection, it should be treated with antibiotics prior to the procedure. Your doctor will inform you whether this is necessary in your case.

Food, drink and smoking: As a general rule, you may not smoke or eat anything any more for six to eight hours prior to the procedure and not drink any juices with pulp, milk, broth or alcohol. Please follow the respective instructions of your anaesthetist.

Aftercare:

If **antibiotics** have been prescribed as a precautionary measure in your case, please take them as instructed.

Small **amounts of blood** in the urine are common after an endoscopic procedure to treat the prostate and usually disappear within three to four weeks. If you discover blood in your urine, it may be necessary to drink more fluids. Should there be a lot of blood in your urine and should you be worried as a result, please contact your doctor immediately.

Please inform your doctor immediately if you experience symptoms such as **pain, circulatory problems, shortness of breath, nausea, a fever, chills** or any other worrying side effects. These symptoms may require immediate medical attention. They may occur even days after the procedure. If you cannot reach your doctor, you must come to a nearby clinic or contact emergency services 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. Your reaction capacity may be impaired after the procedure. For a period of 24 hours after the operation, you must not actively participate in road traffic (not even as a pedestrian), refrain from any risky activities and avoid taking any important decisions.

Please make sure you drink **enough fluids per day**, between 1.5-2 litres, unless you cannot drink that much for other medical reasons.

Please **avoid** any **physical exertion** for three to four weeks after the procedure (e.g. sports, sexual intercourse). This also includes lifting objects heavier than 5 kilos. Short walks usually do not constitute a problem. We would also ask you to refrain from riding a bike/motorcycle or horse.

Please **avoid** going to a **sauna, hot baths, heating pads and hot water bottles** for three to four weeks. Warm showers are allowed.

After ejaculation, **the ejaculate may be discoloured** (red or brown). This will usually improve after three to four weeks.

If defecation is difficult and involves a lot of pressing, **post-operative bleeding** may result. Therefore it is important for you to ensure regular and soft stool. Taking medication (laxatives) can help improve this.

During the surgical procedure, the prostate is not removed entirely. For this reason, regular **cancer check-ups** will still be required after surgery.

During the procedure, the bladder neck is widened, among other things. This will lead to **ejaculation** going into the bladder rather than into the tip of the penis after the operation. This usually does not affect sensation during sex or the erection. However, **fertility is impaired**, but not lost entirely. Therefore, contraception will still be required. Please let your doctor know prior to the operation whether you **plan to have children**.

RISKS, POSSIBLE COMPLICATIONS AND SIDE EFFECTS

It is well known that **any medical procedure is accompanied by certain risks**. If complications occur, they may sometimes require additional treatment or surgery and, in extreme cases, can sometimes even be **life-threatening** or lead to permanent damage – even after some time. Please understand that, for legal reasons, any possible risks associated with this procedure must be listed, even if some of these only occur in exceptional cases. 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.

Urinary tract infections may sometimes occur after the procedure, often resulting in a temperature or discomfort when urinating. This can lead to infection of the prostate, the epididymides, testicles or renal pelvis. In most cases, such infections can be treated successfully with antibiotics. In rare cases, additional surgery may be required (e.g. in the event of abscess formation in the testicles, epididymides or prostate) or a **loss of fertility** can occur. In extreme cases, germs may be introduced into the bloodstream, leading to life-threatening **blood poisoning** (toxaemia) or inflammation of the endocardium (endocarditis) as a result.

Due to **irritation of the mucous membrane of the bladder** or an **injury of the mucous membrane of the urethra**, urination may be painful on occasion or you may experience temporary problems urinating and even an inability to urinate. These symptoms usually disappear without treatment after a few days. In some cases, a urethral catheter will have to be inserted into the bladder.

If **scarring in the urethra** occurs, it can lead to constriction of the urethra (urethral stricture) **or the bladder neck**, in turn leading to impaired urination and even renal stasis, which may require additional surgery.

If a tissue sample is taken from a malignant tumour in the prostate, **tumour cells can theoretically be introduced to other areas of the body**, leading to the formation of metastases, or the tumour may grow more aggressively after the procedure.

While prostate tissue is removed, a **puncturing of the prostate capsula** can occur. This will result in urine escaping from the urinary tract, leading to discomfort or a fever. An **injury of neighbouring organs** behind the treated area (e.g. the colon, larger blood vessels, ureter, nerves) cannot be ruled out entirely. Also, the insertion of a catheter through the abdominal wall can result in injuries of other organs (such as the colon, vessels). If injuries are severe, open surgery may become necessary or a dangerous infection can result. In extreme cases, loss of the affected organ may result. Moreover,

long-term construction of a **colostomy**, a **uretral stent** or percutaneous nephrostomy (including **removal of urine from the body**) may be required.

If the prostatic capsula is injured, **rinsing fluid may end up in the blood stream** (TUR syndrome). This will lead to a thinning of the blood, which can in turn result in life-threatening strain on the cardiovascular system. The initial symptoms are nausea, vomiting or restlessness. New surgical technology has lead to this type of severe side effect occurring only in very rare cases.

Bleeding is usually noticed immediately and can then be stopped. 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. In rare cases, **urine flow** from the bladder may be **impaired** due to swelling of the remaining prostate parts or dried blood. This can lead to pain. A catheter may then have to be inserted again.

Occasionally, urine retention cannot be controlled any more after the procedure (**incontinence**). This will usually improve after four to twelve weeks. However, if the bladder sphincter was injured or was already not working properly any more prior to the operation, medical aids (disposable incontinence products) or further surgery (male sling procedure, artificial sphincter construction) may become necessary.

Allergic reactions, for instance to medication or latex, can lead to skin rash, itching, swelling, nausea and coughing. Severe reactions such as shortness of breath, spasms, tachycardia or **life-threatening circulatory shock** are rare. They may then result in permanent organ damage, such as brain damage, paralyses or kidney failure requiring dialysis.

Damage to the skin, soft tissue or nerves (for instance through injections, disinfectants or positioning during the procedure) is rare. Sensory disturbance, numbness, paralysis and pain may then result. They are usually temporary. Permanent nerve damage or scars are rare.

Sometimes **blood clots (thromboses)** may form, in the leg veins for instance, causing obstruction of a blood vessel (**embolism**). Such blood clots may then travel to other parts of the body and block the vessels of other organs. This may then lead to e.g. lung embolism, stroke or kidney failure requiring dialysis and resulting in permanent damage. If anticoagulant agents are administered to prevent formation of blood clots, the risk of bleeding or post-procedure bleeding is increased. If Heparin is administered, it may result in severe coagulopathy (HIT), leading to thromboses and obstruction of blood vessels.

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

yes=ja no=nein

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), Heparin, Marcumar®, Plavix®,
 Ticlopidin, Clopidogrel, Xarelto®, Pradaxa®.

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), Heparin, Marcumar®, Plavix®, Ticlopidin, Clopidogrel, Xarelto®, Pradaxa®.

Any other: _____
Sonstiges:

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

Do you take any other medications? yes no

Nehmen Sie andere Medikamente ein?

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 had surgery on the urinary tract? yes no

Hatten Sie bereits eine Operation am Harntrakt?

Were there any complications? yes no

Traten dabei Komplikationen auf?

Have you taken an antibiotic recently (in the last four weeks)? yes no

Haben Sie in letzter Zeit (4 Wochen) ein Antibiotikum eingenommen?

If so, which antibiotic? _____

Wenn ja, welches?

Do you have frequently recurring urinary tract infections (more frequent than twice a year)? yes no

Leiden Sie unter häufig wiederkehrenden Harnwegsinfektionen (öfter als 2x/Jahr)?

Do you suffer from stiffness of the hips or knees? yes no

Leiden Sie unter einer Versteifung der Hüft-, Kniegelenke?

Have you had surgery on the hip joint or knee joint? yes no

Hatten Sie bereits Operationen im Bereich der Hüft-, Kniegelenke?

If so, what surgery? _____

Wenn ja, welche:

Would you like to have more children? yes no

Besteht bei Ihnen noch Kinderwunsch?

Do you smoke? Rauchen Sie? yes no

If so, what and how much daily: _____

Wenn ja, was und wie viel täglich:

Do you drink alcohol regularly? yes no

Trinken Sie regelmäßig Alkohol?

If so, what and how much: _____

Wenn ja, was und wie viel:

Do you have or have you ever had any of the following diseases or symptoms thereof:

Liegen oder lagen nachstehende Erkrankungen oder Anzeichen dieser Erkrankungen vor:

Blood diseases / blood clotting disorders? yes no

increased tendency to bleed (e.g. frequent nose-bleeds, increased bleeding after surgery, minor wounds or dental treatment), 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), 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?

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:

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

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

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

Any other: _____

Sonstiges:

Heart, circulatory or blood vessel diseases? yes no

Heart attack, chest pain and/or tightness (angina pectoris), heart defect, irregular heart rhythm, inflammation of heart muscle, heart valve disease, shortness of breath while climbing stairs, heart surgery (possibly with insertion of an artificial heart valve, pacemaker, defibrillator), high blood pressure, low blood pressure, stroke, varicose veins, inflammation of a vein, thrombosis, embolism.

Herz-/Kreislauf-/Gefäß-Erkrankungen? Herzinfarkt, Angina pectoris (Schmerzen im Brustkorb, Brustenge), Herzfehler, Herzrhythmusstörungen, Herzmuskelerkrankung, Herzklappenerkrankung, Luftnot beim Treppensteigen, Herzoperation (ggf. mit Einsatz einer künstlichen Herzklappe, Herzschrittmacher, Defibrillator), hoher Blutdruck, niedriger Blutdruck, Schlaganfall, Krampfadern, Venenentzündung, Thrombose, Embolie.

Any other: _____

Sonstiges:

Blood clot (thrombosis), blood vessel occlusion (embolism)? yes no

Blutgerinnsel (Thrombose)/Gefäßverschluss (Embolie)?

Metabolic diseases? yes no

Diabetes (sugar sickness), gout.

Stoffwechsel-Erkrankungen? Diabetes, 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 Nierenfunktionsstörung (Niereninsuffizienz), Nierenentzündung.

Any other: _____

Sonstiges:

Communicable (contagious) diseases? yes no

Hepatitis, tuberculosis, HIV.

Infektionskrankheiten? Hepatitis, Tuberkulose, HIV.

Any other: _____

Sonstiges:

Any other acute or chronic diseases/illnesses? yes no

Nicht aufgeführte akute oder chronische Erkrankungen?

Please describe: _____

Bitte kurz beschreiben:

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:

Planned procedure:

- TUR-P
- TUR-BN
- drain a collection of pus (abscess) via the urethra
Transurethrale Drainage eines Abszesses
- stop bleeding via the urethra
Transurethrale Koagulation eines blutenden Gefäßes
- operation of the seminal vesicles via the urethra
Transurethrale Eröffnung der Samenblasen
- catheter inserted through the abdomen
Anlage eines Bauchdeckenkatheters
- Others: _____
Sonstiges:

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 EINWILLIGUNGSERKLÄRUNG

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 (5 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 (5 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

