

**DR DRAGANA DJORDJEVIC  
SPECIALIST GYNECOLOGIST OBSTETRICIAN**

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**CONSENT TO HAVE MEDICAL GYNAECOLOGY PROCEDURE (S)**

This is to certify that I ....., being the patient, and ....., being the husband /partner / guardian of the above, have read and fully understand the given links by Dr D. Djordjevic and why it is necessary for me to have the procedure (s) done.

1. I / We are fully aware and have understood the aetiology, pathogenesis and treatment options from the links given to me by my attending gynaecologist, Dr D. Djordjevic and that the procedure(s) are solely in the interests of managing my current medical condition in the best possible way to ensure perfect happy health.
2. I / We am also aware that the no procedure performed will guarantee a 100% health but that the attending gynaecologist is doing her best to ensure that everything goes well with the procedure (s).

I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction. I consent to the above procedures as deemed necessary or appropriate by my physician or credentialed provider.

Signed.....this day.....of .....20.....

Husband / Partner.....

Witness.....

Gynaecologist .....