

**DR DRAGANA DJORDJEVIC  
SPECIALIST GYNECOLOGIST OBSTETRICIAN**

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**CONSENT TO OPERATE**

I the undersigned, hereby consent to the administration of a general, local or spinal anaesthetic and the performance of an operation upon:

\_\_\_\_\_ (Patient's full name)

\_\_\_\_\_ (Nature of Operation)

And the performance of any additional or alternative measures that may be considered necessary by the surgeon Dr D Djordjevic, during the operation or stay in the hospital under her care.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Designation: \_\_\_\_\_

**N.B.** The consent form should be completed by anyone over 18 years to whom anaesthetic (other than a lo anaesthetic) is to be administered or who is to have an operation. In the case of a person under 18 years, the signature of a father, mother or legal guardian must be obtained or, failing to do that, the consent of a magistrate in terms of the Children Protection and Adoption Act Chapter 5:06 (1996). When the form is signed by a person other than the patient, the capacity which he signs should be indicated, i.e parent, legal guardian, curator, etc of the patient.