info@iatros.si

Mr./Mrs. _____, age: _____, your abdominal appointment for abdominal hernia examination is on _____ at _____ o'clock with _____ MD.

At this hour or no les than 15 minutes before check yourself to the reception office. The appointment indicates your administrative admission and not the treatment at the clinic.

Please answer the following questions:

When did the problems start? _____

What kind of problems do you have? _____

Are you currently on any medications? _____

Do you have any medical allergy? What kind? _____

Are you taking any anticoagulant medicine? What kind? _____

Did you did the abdomen ultrasound? Bring the results with you _____

Have you ever had an abdominal surgery _____

Please bring with you

- **Letters of possible accompanying diseases (such as diabetes, antithrombotic therapy, other internists, etc.)**
- **This notice with answers, and forms that we have attached to this notice.**

Your phone number: _____

With your signature, you guarantee the truth of the above information and thus contribute to a more successful treatment. By signing, you also give consent (pursuant to the third and fourth paragraphs of Article 44 of the Patients' Rights Act) for the processing of their health and other personal data for the needs of medical care: Thank you very much.

In order to ensure the smooth operation of the work in accordance with the provisions of the Patients' Rights Act (RS, No. 55/2017) and the Rules on Procurement and Management of Waiting Lists and the Longest Allowable Waiting Periods (RS 3/2018) as well as the Rules on Compulsory Health Insurance, please kindly ask us to follow the following guidelines:
- Without giving reasons, the term can be canceled no later than 10 days before the implementation of the health service, only once within the same posting, and only within a posting with a degree of urgency, fast or regular
- Subsequent termination of the term is allowed only for your objective reasons, and you are obliged to notify the reason for the cancellation in writing. Objectives are reasons (unexpected hospitalization of a patient or a close family member that prevents the patient from coming to the appointment or delivery of a medical service; sudden illness, injury or health condition of a patient or a close family member that prevents the patient from coming to the appointment or delivery of a medical service; the death of a close family member.
If you do not arrive at a specific date or you will not cancel the term in accordance with the previous paragraph, we are obliged to delete you from the waiting list, and your referral will expire.

Your signature: _____

Name and surname: _____

Date of birth: _____

Address: _____

Consent for ambulatory hernia examination - procedure

Allow presence on examination and or procedure any other medical (co)workers and medicine students for their learning. ☐ no ☐ yes

Allow to pass on my healthcare information ☐ no ☐ yes To whom? _____

Allow to pass on to my e-mail my medical report and any other vital medical information ☐ no ☐ yes

Your e-mail address: _____

The physician's explanatory duty regarding planned interventions:

I am aware that, when examined, doctor evaluate my condition and considering all medicines and other therapies, perform a medical procedure in order to treat my illness and prevent further health consequences and disorders that could occur due to non-implementation of procedure or examination.

I am familiar with the fact that after the oral explanation of the doctor:

- Ask additional questions
- I am familiar with the consequences of not treating my illness,
- I am consenting to the planned procedure,
- Cancell my consent
- I cancel my consent during my treatment.

By signing, I **confirm** the understanding of the above instructions and give my own consent:

Patient or guardian signature:	Place and date:	Doctors signature:
_____	_____	_____

By signing, you also **consent** to the processing of your health and other personal data for purposes outside medical care.

Patient or guardian signature:	Place:	Date:
_____	_____	_____

With this signature I **cancel** the consent:

Patient or guardian signature:	Place:	Date:
_____	_____	_____