



**ORDRE DES CHIRURGIENS  
DE GENEVE**

Dr. Ph. ZURBUCHEN  
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Tél. 022.830.09.30

**INFORMED CONSENT TO SURGERY OR SPECIAL PROCEDURE**

I, the undersigned \_\_\_\_\_ confirm that I do hereby freely give my consent to

Doctor **Philippe Zurbuchen**, as the surgeon who will be performing the following surgical procedure upon my person:

\_\_\_\_\_  
\_\_\_\_\_

I confirm that I have received complete and clear information concerning the actual process, the potential successful outcome and benefits, and any potential risks, inherent to the abovementioned surgical procedure or operation. I also confirm that all the information was delivered to me in a way that I fully understand.

During the preoperative discussion, I was able to ask all the questions upon which I required or desired information, and that they were answered comprehensively and to my satisfaction. Furthermore, I received complete and clear information as to other forms of treatment and their potential outcomes on my condition, both on a short and long-term basis, as follows:

- Any possible alternative surgical procedures
- Non-invasive treatment (other than surgical procedures or operations)
- Absence of treatment
- Evaluation of other possible diagnostics.