

საქართველოს ბაქტერიოლოგიის ცენტრი



**პაციენტის წერილობითი  
ინფორმირებული თანხმობა  
სამედიცინო მომსახურების გაწევაზე  
Written Informed Consent of the Patient  
for the Provision of Medical Services**

### Written Informed Consent of the Patient for the Provision of Medical Services

I, ----- (Patient's Name and Surname),

Patient ID: -----, Case No. ----- Tel: -----

I have received information regarding the provision of medical services. The treating physician provided me with the following information:

1. About the nature and necessity of the medical service:

I am informed about my illness and objective condition. I received detailed information about the nature, type, extent, appropriateness, and necessity of the intervention, including pancreatitis and systemic and local complications (encephalopathy, pneumonia, exudative pleuritis, myocarditis, liver and kidney failure, acute respiratory failure, diabetes mellitus, pseudocyst, abscess, phlegmon, pancreatic necrosis).

2. About the expected outcomes of the medical service:

1

I understand that in any intervention, a guarantee or promise of complete recovery is impossible. Nevertheless, I am confident that the proposed treatment is the best and optimal choice for my recovery.

3. About the risks associated with this service for the patient's health and life:

I acknowledge that during the course of treatment and afterward, various specific and general non-specific complications may develop. I also understand that the planned type and extent of treatment may change during the course of treatment depending on specific situations, and that various interventional, invasive, diagnostic, and therapeutic procedures may become necessary, for which I express my prior consent. In the case of concealing facts (bad habits, allergies, comorbidities) that may affect the treatment and its outcomes, the medical staff is relieved of responsibility.



4. About the intended medical service, other alternative options, their associated risks, and possible effectiveness:

We discussed other alternative treatment methods, expected outcomes, risks, and the possibility of complications. Nevertheless, I express my consent to proceed with the proposed treatment.

5. About the expected outcomes of refusing medical services:

In case of refusing treatment, the progression of the disease may worsen or result in disability or a lethal outcome.

6. About financial and social issues:

I allow the doctor to publish information about the treatment performed for scientific purposes, accompanied by illustrations and descriptive text that exclude my identification. Financial issues have been agreed upon with the responsible person.

I had time to discuss with the doctor, who answered all my questions of interest.

2

The patient received answers to all other questions of interest.

Doctor: ----- Signature -----

I consent to conservative treatment.

Patient: ----- Signature -----

Signature of the patient's relative, patient's legal representative ----- (Name, Surname) (if the patient is unable to communicate) -----

