SENSKE ORTOPEDIE INC
012 548 1456 / 082 523 2192
accounts@senske.co.za
reception@senske.co.za
www.senske.co.za
Pr No: 0200746398

INFORMATION / INLIGTING

NEEM ASB KENNIS VAN DIE VOLGENDE:

1. Ons het geen toegang tot enige van die ander diensverskaffers se rekeninge nie, en neem geen verantwoordelikheid indien u mediese fonds die hospital of ander diensverskaffers kort betaal nie. Dus kan ons geen rekeninge namens u uitsorteer nie. Dit sluit in voordele, bybetalings of enige prostheses nie.
2. U word versoek om self u fonds te kontak vir magtigings ens. Aangesien die fonds u moet verwittig van enige kortbetalings of bybetalings.
3. U moet asb die Maandag vir Sonja skakel by 012 548 1456 om u opname te bevestig om sodoende die uithonger tyd asook die opname tyd te bevestig.
4. U moet asb die dag van ontslag vir Sonja skakel by 012 548 1456 om u opvolg afspraak te maak om sodoende seker te maak u afspraak is gemaak. Alle prosedures moet opvolg afsprake maak behalwe die inspuitings.
5. Indien u enige teater bespreking nie vroegtydig kanseleer nie, sal 'n fooi gehef word.

A.Viljoen

HANDTEKENING: - _____

PLEASE TAKE NOTE OF THE FOLLOWING

1. We do not have access to any of the other service providers' accounts and accept no responsibility if your medical aid fund underpays the hospital or any other service providers. Therefore, we are unable to resolve any account-related matters on your behalf. This includes benefits, co-payments, or any prostheses.
2. You are requested to contact your medical aid fund directly regarding authorizations, as the fund is responsible for notifying you of any short payments or co-payments.
3. Please contact Sonja on Monday at 012 548 1456 to confirm your admission and to verify both your fasting time and admission time.
4. Please contact Sonja on the day of your discharge at 012 548 1456 to schedule your follow-up appointment and to ensure that the appointment has been made. All procedures require follow up appointments, except for injections.
5. If you do not cancel any theatre reservations in advance, a fee will be charged.

A.Viljoen

SIGNATURE: - _____

ADMISSION RULES

1. PLEASE REMEMBER TO TAKE WITH ALL THE RELEVANT X/RAYS, MRI SCANS, ULTRASOUNDS AND DOCUMENTATION ON THE DAY OF ADMISSION.
2. IT IS YOUR RESPONSIBILITY TO APPLY FOR THE AUTHORISATION NUMBER BEFORE ADMISSION. YOUR MEDICAL AID WILL INFORM YOU REGARDING CO-PAYMENTS AND SHORT PAYMENTS / DECLINED CODES. PLEASE REGISTRER ONLINE AT www.netcare.co.za/mynetcare-online A.S.A.P
3. YOU ARE NOT ALLOWED TO EAT OR DRINK AT LEAST 6 – 8 HOURS BEFORE SURGERY.
4. YOUR ADMISSION TIME MAY BE CHANGED DUE TO THEATER TIMES. IF YOUR OPERATION IS SCHEDULED BEFORE **12AM**, YOU WILL BE ADMITTED AT **7AM.** IF YOUR OPERATION IS SCHEDULED AFTER 12PM, YOU WILL BE ADMITTED AT **12PM.**
5. DR SENSKE'S ROOMS WILL TAKE NO RESPONSIBILITY FOR ANY OTHER ACCOUNTS. THIS IS A PRIVATE PRACTISE AND WILL BE ONLY RESPONSIBLE FOR DR SENSKE'S ACCOUNTS. PLEASE CONTACT THE RELEVANT ACCOUNT DEPARTMENTS FOR THEIR OWN ACCOUNTS. (Physiotherapist, Anaesthetics, hospital and appliances.)
6. ALL THEATRE BOOKINGS, ENQUIRIES AND AUTHORISATION NUMBERS WILL BE HANDLED BY **SONJA AT** 012 548 1456 / reception@senske.co.za

MEDICAL AID TARIFFS AND THEATRE LEVIES

PLEASE TAKE NOTE: WE HAVE A FEW CONTRACTS WITH SEVERAL MEDICAL AIDS SUCH AS DISCOVERY, BONITAS, FEDHEALTH AND BANKMED.
I AGREE THAT DR SENSKE CAN CHARGE THE SCHEME TARIFFS AS PAID BY MY MEDICAL AID.

PATIENT: _____ WITNESS: A.Viljoen _____
Signature

ANASTAETICS

PLEASE NOTE: WE MAKE USE OF THE FOLLOWING ANAESTHETICS.
Dr Ungerer: 012 004 0587 / 060 997 4634 - graysimad@gmail.com
WE TAKE NO RESPONSIBILITY FOR ANY LEVIES OR TARIFFS CHARGED BY THEM.

INFORMED CONSENT

DR HE SENSKE

I, (Full name and Surname: _____

ID: _____

Give my consent to Dr Senske and his assistant (whom he may appoint) to treat my condition. This condition is diagnosed by Dr Senske according to his clinical examinations, and / or other diagnostic tests. I give my consent to Dr Senske and his assistant to do the following operation or diagnostic procedure:

(OPERATION:) _____

The operation / diagnostic procedure was explained to me in an understanding term by Dr HE Senske, and I understand what will happen to me.

1. Dr Senske told me about all the risks, complications and problems that may occur during the operation, treatment or anaesthetics. This includes:

   a. Bleeding.
   b. Infections.
   c. Injuries to nerves, structures like blood veins, bone and muscle.
   d. DVT (Deep venous thrombosis) and embolism.
   e. Pain, vomiting and discomfort.

   I understand that Dr Senske is not responsible for any form of neglecting or poor service by die hospital or personnel regarding my treatment in hospital. I understand that Dr Senske is not responsible for any other medical service providers as physiotherapist, anaesthetics or any other facilities that is not working in his practise.

2. I understand that any unforeseen circumstances during the operation or procedure may occur. I give my consent that the doctor may use his professional skills to do what is necessary during the operation or procedure (Par. 1+3) and treatment that the doctor is not aware of during the starting of the procedure / operation.

3. I give my permission to receive blood from the blood bank via transfusion, during / after surgery as needed. I am aware of the complications due to blood transfusion: fever, allergic reaction, rush, serum hepatitis and MIV / Aids (in rare cases). I am in a good state of health. I am also informed that I can make use of Cell Trans / Saver, with the understanding that most of the medical aids do not pay for these services. (Patient liable in some cases) This service might be an exclusion to my medical aid. Please do not hesitate to ask for more information.

PASIëNT: _____(Signature)

WITNESS: A.Viljoen ***DATE:*** _____

4. I understand that other complications such as blood problems, infections and heart failure can occur. I understand that there is no guarantee or proof for the scheduled operation / procedure.
5. If necessary - I give my permission to consult any other doctor appointed by Dr Senske.

6. I give my permission to the hospital to use any of my bone tissue for re-use (for example – hip / shoulder joints)

7. I give my permission to all medical personnel to attend my scheduled surgery, and for photographs and videos taken for training purposes. No identities of any patient will be made public during video recordings or photos.

8. I give my permission to all medical representatives to attend the specific surgery, as they must assist the doctor with medical instrumentation.

COMPLICATIONS

1. The explanation of the complications will inform you as patient to be aware of possible complications after / during operations. It is not possible to explain all the complications as some of the complications are very rare.
2. It is important to know that when you as patient develop unusual symptoms or signs, it could be an indication of a serious complication and that you must contact you doctor immediately.
3. Some of the complications are rare, but very serious. Infections, blood circulations or nerve damage. Please do not hesitate to contact your doctor immediately.
4. Please contact you doctor if you experience severe pain after discharged. The cause of the pain may be severe swelling or problems with blood circulations and can cause "gangrene" and end up in an amputation.
5. Please contact you doctor urgently in any loss of sensation in any part of the body that was normal before you were discharged. It may be due to swelling or "cast" that pressure a body part.
6. Severe swelling may be the reason for a DVT (deep thrombosis) or a blood clot. This is a very serious complication after a major knee, hip and acetabulum operation. Medication for prevention of blood clots is normally prescribed during and after the operation. But this complication can occur even during the use of this medication.
7. Please contact your doctor if you experience short breath, fever or symptoms of flu after the surgery. The reason can be an infection or a pulmonal embolism. (lung embolism)

PATIENT: _____ (Signature)

WITNESS: A.Viljoen ***DATE:*** _____

8. Please contact your doctor if you experience severe draining of the wound. The doctor will inform you if this is normal and how long this will persist.
9. Please contact your doctor immediately if you have received a total hip / knee replacement and any symptoms for example: open wounds or black wound occur.
10. Please contact your doctor if you experience an allergic reaction such as vomiting, skin rash and swelling.
11. Please be aware that antibiotics are a course, and the course must be completed. Pain medication can be taken if necessary.
12. Please inform your doctor about all the medication that you use on a chronic basis. Please inform your doctor if you are addicted to some medication, smoking or alcohol as this addiction can cause multiple complications with anaesthetic. This may cause disorientations, coma or even death. Complications can cause nerve damage, sepsis, or loss of a part of your body. It will not depend on how big or small the operations are. But these complications are minimal.
13. All medication that contains aspirin like **Disprin, Ecotrin, Grandpa or Warfarin** must be stopped at least one week before the operation. Please inform you doctor if you are using Warfarin. This is very important. This medication can cause severe bleeding.
14. Please stop all **anti-inflammatory medication** at least one week before your operation. Please discuss your **hormone treatment** with Dr Senske
15. Please do not hesitate to contact the consulting room if you experience any problems. Please contact **SONJA** at 012 ***548 1456.*** Dr Senske will be at the rooms on Mondays and Thursdays. He will be in theatre at all other times. **SONJA** will contact Dr Senske immediately with all emergencies.
16. Please feel free to ask any questions regarding your operation.

I AM AWARE OF ALL INFORMATION IN THIS DOCUMENT.

PATIENT: _____ (Signature)

WITNESS: A.Viljoen _____ ***DATE:*** _____

BLOOD TRANSFUSION DURING AND AFTER OPERATION

1. Please be aware that a sample will be taken once you are admitted by die medical personnel and sent to the blood transfusion services to order the correct blood type.

2. Normally all blood donations will be test for HIV/ Aids by the blood transfusion services. But in case of n blood shortage, new fresh blood will not be tests for HIV / Aids for emergencies.

3. A donator may have the HIV / Aids virus in his blood, as these tests take up and until six months before the results shows the virus.

4. This is my duty to inform you that there is no guarantee that the blood that you will receive is without Aids / HIV. I believe the blood transfusion services do their best to provide you with blood without AIDS / HIV. But this is not 100% guaranteed.

5. The blood that you receive will be at your own risk. If you are infected with AIDS /HIV during the operation / or hospitalization no 100% guarantee was given by the hospital, the surgeon or the blood transfusion services.

6. The patient understands and agrees that no legal actions can be taken if you or your dependants were to be infected with AIDS / MIV against the hospital, surgeon, blood transfusion services or their personnel.

I declare that I've read through this document and understand all aspects of this document.

SIGNED AT PRETORIA ON THE _____ DAY OF _____

PATIENT: _____ **WITNESS:** A.Viljoen
(Signature)

GENERAL INFORMATION

1. Please make sure that your surgical levies are paid (if applicable) at Dr Senske's rooms.

2. Please make sure you are aware of any co – payments at the hospital according to your medical aid, medical plans, and specific procedures as well as levies for discharged medication.

3. Chronic medication e.g. Diabetics, hypertension and other chronic conditions must be used as normal before admission. **(Avoid aspirin and anti-inflammatory medication and hormone treatment for at least a week before operation)**

4. You are not allowed to eat or drink for at least 6 – 8 hours before surgery.

5. No smoking for at least 6 – 8 hours before surgery.

6. Please provide the doctors rooms with your authorisation number before admission.

7. Please take all chronic medication with for normal usage during your hospital stay.

8. Please bring with you the following: x/rays, CT scans, MRI, ID document and medical aid card as well as the authorisation number.

9. Please leave valuable items at home.

10. Please make some arrangements as you are not allowed to drive for 8 hours after surgery.

11. Please make sure that you have a follow up appointment for post-operative examination.

12. Please make sure that you take a bath / shower in the morning of the surgery with Bioscrub / hibiscrub, and clean specially the surgery area. Please not **apply body cream after using the Bioscrub / Hibiscrub.** You are not allowed to shave the operation area – the theatre personnel will do that, because you may not have any open wounds / scratches.

ADMISSION ENQUIRIES:

SONJA (DR SENSKE'S ROOMS) (reception@senske.co.za) 012 548 1456 x 1

ACCOUNT ENQUIRIES FOR DR SENSKE'S ACCOUNTS ONLY

ANTOINETTE VILJOEN (accounts@senske.co.za) 012 548 1456 x 2

GOOD LUCK WITH YOUR OPERATION

_____ A.Viljoen

SIGNATURE

SENSKE ORTOPEDIE INC
Reg no: 2017/229708/21

MB ChB (UOVS) M Med (Ort) (Pret)
ORTOPEDIESE CHIRURG / ORTHOPAEDIC SURGEON
PR 028 074 6398 (MP 0365742)

Suite 13 -Montana Private Hospital / Hospitaal ☎ Tel: 012 548 1456 /012 548 9362

- reception@senske.co.za / accounts@senske.co.za - 768 – Magalieskruin 0150

DEAR PATIENT / GEAGTE PASIENT.

TEKEN ASB BY DIE VOLGENDE. PLEASE SIGN FOR THE FOLLOWING.

1. Ek mag geen wonde of snymerke of letsels op my liggaam hê tydens enige chirugiese prosedures nie. Ek mag nie self skeer vir enige prosedures nie. / No scars, lesions or open wound and no shaving before any surgical procedures.

A.Viljoen

Signature / handtekening

2. Moet in Hibiscrub bad voor chirugie. Take a bath in Hibiscrub before any surgery.

A.Viljoen

Signature / handtekening

3. Stop alle Bloedverdunnings / anti-inflammatoriese medikasie en hormoon aanvullings ten minste 5 - 7 dae voor chirugie. Stop all medication containing aspirin / anti-inflammatory and hormone treatments at lease 5 - 7 days before surgery.

A.Viljoen

Signature / handtekening

Please keep your wounds close until your follow-up and contact the rooms with discharge to set up an appointment.