

Hysterectomy Acknowledgment

I hereby acknowledge that I was, prior to surgery _____ (month, day, year), informed both orally and in writing that a hysterectomy (surgical removal of the uterus) will render the individual on whom that procedure is performed permanently incapable of bearing children.

Signature of Client or Designated Representative

Date

Reconocimiento

Yo afirmo haber sido informada verbalmente y por escrito, antes de la cirugía _____ (mes, día, año) que una histerectomía (extracción quirúrgica del útero) dejará a la persona a la cual se haya operado permanentemente, incapaz de tener hijos.

Firma del Cliente o Representante Designado

Fecha

Interpreter's Statement

To be used if an interpreter is provided to assist the individual having the hysterectomy.
I have translated to the individual having a hysterectomy the information and advice presented orally by the individual obtaining consent. I have also read the consent form to _____ in _____ language and explained its contents to her. To the best of my knowledge and belief she understood this explanation.

Signature of Interpreter

Date