

Written informed consent

Cleft Lip and Palate Surgery Consent

I mr/mrs.-----aged -----male/female, have been explained by the Dr.----- about the condition of the cleft lip and or palate and the disability in speech, swallowing, chewing and facial deformity because of the cleft lip and palate. The need for correction of such defect by multiple surgeries.

If not treated, chances of regurgitation, frequent ear infections and improper development of speech and the body as a whole.

Post-operative sequel like pain and swelling for few days have been explained.

I hereby agree to undergo the surgery and agree to follow-up with the doctor as per his/her advice.

Date:

signature of the patient:

Time:

signature of the patient attendant:

Signature of the Doctor with seal: