

**Clinique Hartmann**  
**26 Bd Victor Hugo**  
**92200 Neuilly Sur Seine**

Professeur Philippe MASSIN

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Reset to .....

Date:..... consultation of Professor Philippe MASSIN

**CONSENT CERTIFICATE**

the patient (or his or her legal representative, if any)

I, the undersigned.....

attests to the following facts:

During the visit during which the surgical operation was proposed to me, I spoke with Professor MASSIN whom I chose as surgeon.

Pr explained to me the reasons which lead him to propose me this intervention. The risks, including vital risks, associated with this operation have been communicated to me.

The Pr answered in a complete and understandable way all the questions I wished to ask him.

He informed me that intraoperative findings, technical or anatomical constraints could force him to modify the procedure in my best interests.

**Date and signature of patient**

**During the consultation, take time to think.**

**If you feel you are insufficiently informed about the treatment envisaged, its motivations, its goals and its risks, consult again Pr MASSIN in order to obtain all the details you consider useful to make your decision in an informed way.**

**Sign this document only if you feel you have sufficient information.**