

**Informed voluntary consent to the types of medical interventions included in
the List of certain types of medical interventions for which citizens give
informed voluntary consent when choosing a doctor and a medical organization
to receive primary health care**

I, _____ the year of birth,
(Full name of the citizen)

registered at: _____
(address of the place of residence of a citizen or legal representative)

give informed voluntary consent to the types of medical interventions included in the List of certain types of medical interventions for which citizens give informed voluntary consent when choosing a doctor and a medical organization to receive primary health care, approved by order of the Ministry of Health and Social Development of the Russian Federation dated April 23 2012 N 390n (registered by the Ministry of Justice of the Russian Federation on May 5, 2012 N 24082) (hereinafter - the List), for receiving primary health care / receiving primary health care by the person whose legal representative I am (cross out unnecessary) in

State Budgetary Healthcare Institution "Tambov Regional Dermatovenerologic Clinical Dispensary"
(full name of the medical organization)

By a medical professional

(position, full name of a medical worker)

in a form accessible to me, the goals, methods of providing medical care, the associated risk, possible options for medical interventions, their consequences, including the likelihood of complications, as well as the expected results of medical care were explained to me. It has been explained to me that I have the right to refuse one or more types of medical interventions included in the List, or to demand its (their) termination, except for the cases provided for by part 9 of Article 20 of the Federal Law of November 21, 2011 N 323-FZ " On the basics of protecting the health of citizens in the Russian Federation "(Collected Legislation of the Russian Federation, 2011, N 48, Art. 6724; 2012, N 26, Art. 3442, 3446).

I have been warned about the prohibition of smoking tobacco throughout the territory and all premises of the medical organization.

Information about the persons I have chosen, to whom, in accordance with paragraph 5 of part 5 of article 19 of the Federal Law of November 21, 2011 N 323-FZ "On the basics of health protection of citizens in the Russian Federation", information about my health or the condition of a person can be transferred by a legal representative which I am (cross out unnecessary).

(Full name of the citizen, contact phone number)

(signature)

(Full name of a citizen or legal representative of a citizen)

(signature)

(Name of the medical worker)

(date of issue)