

Annex No. 3
to the Paid Service Offer Agreement
(including medical services under the terms and conditions
of health-improving and health resort treatment)
at LLC Olginka
dated _____, 20 ____

Informed Voluntary Consent to Medical Interventions
while receiving a package of services under the health improving/health resort treatment and/or
receiving certain types of medical services at Chateau by the River

I, _____
(Patient's full name)

residing at

(Patient's address of residence)

pursuant to Article 20 of Federal Law No. 323-FZ of November 21, 2011, "On Basics of Health Protection of the Citizens in the Russian Federation", herewith give my consent to a course of health improving/health resort treatment and/or certain types of medical services at Chateau by the River Health Resort, LLC Olginka.

I give my informed voluntary consent to perform the following diagnostic procedures and manipulations, if necessary:

1. Functional diagnostics (ECG);
2. Survey, including identification of complaints, history taking;
3. Examination by a physician (on duty, attending, invited consultants, etc.) including palpation, percussion, auscultation, rhinoscopy, pharyngoscopy, indirect laryngoscopy, vaginal examination (for women), rectal examination;
4. Anthropomorphic research;
5. Thermometry;
6. Tonography;
7. Non-invasive studies of the visual organ and visual functions;
8. Non-invasive studies of the hearing organ and auditory functions;
9. Examination of the nervous system functions (sensory and motor spheres).
10. Laboratory methods of examination, including clinical, biochemical, bacteriological, virological, and immunological;
11. Functional examination methods, including electrocardiography, daily blood pressure monitoring, daily electrocardiogram monitoring, spirometry, pneumotachometry, peakflowmetry, rheoencephalography, electroencephalography, cardiotocography (for pregnant women), electrocardiography;
12. Roentgenologic methods of examination, including fluorography and roentgenography, ultrasound studies, Doppler studies.

I give my informed voluntary consent to perform, if necessary, the following medical and/or health procedures and manipulations as prescribed by the attending physician:

1. Oral administration of medications;
2. Balneal procedures;
3. Gastric lavage, cleansing and siphon enema, colon hydrotherapy, inhaling, etc.;
4. Application of various wound dressing;
5. Administration of medications as prescribed by a physician, including intramuscularly, intravenously, subdermally, and intradermally;
6. Medical massage;
7. Rehabilitation exercises;
8. Physiotherapeutic procedures.

If during the examination and treatment unforeseen complications occur that threaten my health, I consent to change the nature of treatment, including refusal to perform it, with subsequent notification thereof. Alternative methods of examination and treatment are explained to me in an accessible form, as well as the possible consequences of my refusal to undergo examination and treatment. In a form that is accessible to me, I was also notified about the goals, methods of medical care, the risks associated with them, possible options for medical interventions, their consequences, including the likelihood of complications, as well as the expected results of medical care.

It is explained to me that I have the right to waive one or more types of medical interventions or to demand its (their) termination, except for the cases provided for by part 9 of Article 20 of Federal Law No 323-FZ of November 21, 2011, "On Basics of Health Protection of the Citizens in the Russian Federation".

I affirm that I have asked all the questions that interest me, that I have understood all the answers and explanations of the physician, and that I realize the possible risk of the upcoming examination, manipulation (including death).

I understand that the medical staff will take all necessary measures for my recovery, but no guarantees or promises regarding the results of treatment can be provided.

I am clearly aware that it is in my best interest to inform the physician of all my known and existing health problems, allergic reactions and individual medicine intolerance, my past or present chronic diseases, infectious hepatitis, tuberculosis, sexually transmitted diseases (including syphilis and HIV infection), as well as alcohol abuse and/or drug addiction.

I understand that violation of medical recommendations, as well as withholding information on my health status, may contribute to the development of local and/or general complications, or even cause them.

I have read and agreed with all the items in this document.

Information about the persons selected by me to whom, in accordance with paragraph 5 of part 5 of Article 19 of Federal Law No 323-FZ of November 21, 2011, "On Basics of Health Protection of the Citizens in the Russian Federation", information about my health status or the status of a person whose legal representative I am may be transmitted; to whom I authorize to report any information about my health status, the examination and treatment being conducted, and its results:

(Full name of the person, contact phone number)

(signature)

(Full name of the person, contact phone number)

(signature)

_____ 20____.
Patient's signature (legal representative's signature) _____

_____ 20____.

Physician (nurse) _____