

**Dr. S.M. Cornish Incorporated**  
**FCS (SA) Urol**

Registration number: 2011/105240/21  
Practice No. 046 060 0462667  
Vat No. 4060260058

**Dr. S. Minkowitz**  
**MBBCh, MMed (Urol), FC Urol (SA)**  
Practice No. 0462667  
HPCSA number: MP0768642

Tel: 806-1780 | Fax: 806-1515 | Box: 59 | Kyalami Estates, 1684  
Rooms: Suite NW3, Sunninghill Hospital, C/O Nanyuki & Witkoppen Roads, Sunninghill Park

Mr. Shaheen Ismail Vally  
41 B Edward Rubinstein, STRATHAVON, SANDTON, 2196

Dear Mr. Ismail Vally

**RE : PATIENT CONSENT FORM**

1. I, the undersigned Mr. Shaheen Ismail Vally hereby consent to a Botox Installation being performed on myself/spouse/dependent:

The nature and effect of which have been fully explained to me by Dr. S. Cornish of which I understand, and agree to such further or alternative operative measures and/or treatment as may be necessary or advisable during the course of such surgical/sterilization procedure, and to the administration of a general anesthetic for the purpose of the said procedure.

**DELETE PART 2 IF NOT APPLICABLE:**

~~2. I consent to a sterilization procedure being performed for the purpose of rendering myself incapable of further biological parenthood. I acknowledge that the effect of the operation is for all purposes expected to be final and irreversible. I further acknowledge that I was informed that a possibility does exist of biological conception taking place after the sterilization procedure and in the unlikely event of the aforesaid, I acknowledge that I shall have NO CLAIM whatsoever against Dr. S. Cornish arising out of the fact that a biological conception has taken place and/or a child is eventually born at any stage after the sterilization procedure was performed.~~

~~I further consent to any X-ray examination/laboratory procedures/hospital services performed on me, upon the instruction of the said medical practitioner(s). I acknowledge and understand that all medical practitioners furnishing services to myself are independent contractors and that Dr. S. Cornish is in no way liable in respect of their treatment.~~

~~**The section below pertains to Prostate Brachytherapy**~~

~~I, furthermore am aware that should I cancel/ postpone the procedure, I will be held liable for the cost of the radiation seed.~~

SIGNED AT **Sunninghill Hospital** ON THIS 22nd DAY OF November 2023  
FOR PROCEDURE TO BE DONE ON THE 27th DAY OF November 2023

SIGNATURE OF  
PATIENT/SPOUSE/GUARDIAN AS WITNESS \_\_\_\_\_

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Mr Ismail Vally

**Acknowledgement of receipt of documents prior to surgery**

This is to confirm that I, Mr Shaheen Ismail Vally have received the documents pertaining to my procedure, Botox Installation , and I will duly take note of their content.

I also accept the quotation for the procedure as provided by Dr. Cornish.

Signed

Date

.....

.....

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<b>Mr S Ismail Vally</b> <b>41 B Edway Robins</b>  <b>STRATHAVON</b> <b>SANDTON</b> <b>2196</b>	<b>Account Number</b>	<b>4693</b>
	<b>File Number</b>	<b>14684</b>
	<b>Date Printed</b>	<b>2023-11-22</b>
	Medical Scheme	MOMENTUM MEDICAL SCHEME
	Option / Plan	CUSTOM ANY OPEN
	Membership Number	7481139
	Member ID Number	6305145212087
	Member VAT Number	
	Home Number / Work Number	/
	Cell Number / Email	+27792226233 / shaheenivally@gmail.com

Doctor's Banking Details:				
Banking Institution	Branch	Branch Code	Account Number	Account Name
Investec	100 Grayston drive	580105	10011943208	Dr SM Cornish Inc

### PRO FORMA DETAILS

Pro forma No	Treatment Date	Patient Name	ID No	Dependant Type	Date of Birth	Gender	Claim Ref		
00022158	2023-11-27	Shaheen Ismail Vally S	6305145212087	01 - Main Member	63-05-14	Male	None		
<b>Treating / Attending Doctor</b>		<b>No Referring Doctor</b>			<b>In Hospital</b>				
Dr SM Cornish (Urology)					Sunninghill Hospital				
PR Number 0462667					<b>Authorisation No</b>				
HPCSA Number MP0301400					None				
ID	Procedure	ICD10	NAPPI	Modifiers	Description	Qty	Total	Patient Liable	Fund Liable
1	2088	N39.4		0005	Peri-urethral teflon injection: Male or female - f	1.0000	5 502.50	5 502.50	0.00
2	1949	N39.4			Cystoscopy: Hospital equipment	1.0000	2 815.30	2 815.30	0.00
3	1953	N39.4			With hydrodilataion of the bladder for interstiti	1.0000	243.00	243.00	0.00
<b>Invoice Total (VAT incl.)</b>							<b>R 8 560.80</b>	<b>R 8 560.80</b>	<b>R 0.00</b>

**Notes**

**Please Note: Full payment is required before date of procedure POP to be sent to [accounts@drcornish.co.za](mailto:accounts@drcornish.co.za) . Please note the amount is subject to change.**

\_\_\_\_\_  
 (Patient)

\_\_\_\_\_  
 (Date)

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Mr Ismail Vally

**RE : PRE-OPERATIVE INSTRUCTIONS**

1. Please do not eat or drink for at least six hours before the scheduled time of your procedure. If unsure then refrain from eating at midnight prior to the day of the procedure.
2. If you are on chronic medication then please take all your medication that you would normally take in the morning before coming to hospital. **(The exception to this rule is the intake of medications that are anti-coagulants used for making your blood thinner)**. Please bring a list of all your chronic medications with you for the admitting nurse to document.
3. If you are diabetic then a dextrose-rehydration drip must be set up for you in the ward.
4. Stop all anti-coagulants at a day and time prior to the procedure as directed by Dr. S. Cornish. Do not restart the anti-coagulants until you have been instructed to take them again. You may be directed to take a Heparin injection for a few days before the procedure date.
5. If you have been so directed then take a bowel cleansing regimen on the day before your procedure.
6. Having a bath or shower with an antiseptic soap the night before the procedure helps to reduce the chance of infections.
7. Please ensure that authorization has been obtained for your procedure if you are on a medical aid.
8. You must sign for consent for the operative procedure before you will be admitted to the theatre.
9. Do not forget your ID and medical aid details before checking into the hospital.
10. If you bring valuable items with you when you are admitted please ensure they are locked away before you go to theatre.
11. Remove all jewellery before going to theatre.
12. Theatre lists are often changeable and situations arise that may delay your procedure. Please bring some form of work or entertainment with you in case of delays. Please do not hesitate to talk to your admitting nurse if you feel you have been waiting too long.

Kind regards,

Dr. Steven Cornish

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Mr Ismail Vally

**Re: Important information regarding your Procedure**

Please read this important information regarding your operation.

In Doctors rooms please insure that you have signed the following documentation:

- Consent form
- Acknowledgement form stating that you have received a quotation and all relevant information concerning the operation.
- Cost Estimate

Your medical aid will require the following information:

**Doctors rooms will get the authorization**

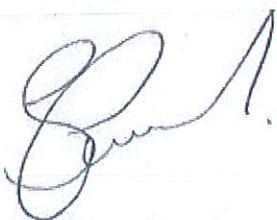
<b>Date of Procedure</b>	Monday 27 <sup>th</sup> November 2023
<b>Type of Operation</b>	Botox Installation
<b>Procedure Codes</b>	
<b>Doctor</b>	Dr. S. Cornish
<b>Practice No.</b>	0462667
<b>Hospital</b>	Sunninghill Hospital
<b>Practice No.</b>	5808413

**Please note:** Nothing to eat or drink after midnight the night before the procedure and please book in no later than 06:00am or at time given to you on the Friday before on a Monday and 05:00am on a Wednesday.

**Please note:** The quotation is to be paid by the Friday (Monday) or Tuesday (Wednesday) before your procedure is due to take place. Should this not be done, the procedure will not be confirmed and you will be removed from the theatre list for that day. It can be paid via EFT, Credit Card (excluding American Express & Diners cards), banking details are available on your quotation, as well as cash. A 10% discount will apply to accounts R7000.00 and above that are paid in cash.

Also note that should you need to come in later, the rooms will contact you the Friday or Tuesday before.

Kind regards



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## **Botox Injections for the Bladder**

Botox (Botulinum Type A) has many medical applications unrelated to the cosmetic field. Botox is commonly used to help treat the symptoms experienced by patients who suffer from urinary incontinence or an overactive bladder.

Botox works by helping the muscles of the bladder relax, thereby relieving the patient of the constant/sudden sensation that they need to pass urine, or provide the patient with more control over their bladder.

The instillation of Botox into the bladder is a highly effective form of treatment for incontinence, and is normally recommended when conservative treatment options fail to provide relief. The effects of Botox are however not permanent and last for up to 6 months, thereafter the patient will need to have another dose of Botox administered.

### **How...**

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The procedure is performed whilst the patient is under general anaesthetic. Once the patient is asleep, a cystoscope is passed up into the bladder and thereafter so is an instrument used to inject the Botox into the bladder. The procedure is very quick and the actual process of injecting takes 10-20 minutes.

Once you have recovered from your anaesthetic, you will be discharged on the same day.

### **Side Effects...**

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Side effects from Botox are very rare and patients who do experience side effects normally report that they have completely gone away after a couple days.

Some patients experience slight pain/discomfort in the pelvic or abdominal region, which is likened to a sensation similar to that of menstrual cramps. This passes after a couple of days.

Potential side effects include:

- Urinary Tract Infection
- Difficulty passing urine
- Inability to empty ones bladder completely

Please contact the doctor's office if you find that you cannot pass urine.