CLEMENTI HOSPITAI

CONSENT FOR OPERATION / PROCEDURE

Leè Ho Yin S 2 3/54791 BIK 648 Clenent Ave 4 # 03-723 (5650648)

Desophago gastro duod enoscopy and Bropsy

	Enter Name of Operation(s) / Procedure(s)
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(1994)	
1.	I consent to the eperation/procedure listed above (Part I) and the administration of anaesthesia (local, regional or general) as needed for the purpose of the eperation(s) / procedure(s) on 'myself / relative / ehild/ ward
	named Lee, Ho Yin ,*NRIC/Pasaport/FIN No. 53925683C (Pallant Full Name)
<u>.</u>	(Pallent Full Name)
2.	l also consent to:
	(a) The use of drugs and medicines as may be deemed advisable or necessary for the said operation/ procedure.
	(b) Such further or alternative operative measures or procedures as may be found to be necessary during the course of the operation / procedure.
	(c) The transfusion of blood and other blood derived products as may be deemed necessary in the peri-operative period.
•	(d) The taking of photographs/videographs for education/academic and research purposes, where my identity will not be revealed, if used.
3.	I understand that there are inherent risks and complications in any surgical / diagnostic procedure and the administration of anaesthesia which are not necessarily specific to the operation / procedure stated in Part I, or such other procedures or operations as found to be necessary during the course of the operation/ procedure.
	These risks and complications include: a) cardiac events (such as heart attack) b) neurological complications (such as stroke) c) infection d) complications from haemorrhage and blood loss e) complications from clots forming and obstructing blood flow. f) possible adverse reactions to the drugs/ blood derived products administered during surgery While these constitute general surgical risks, they are not exhaustive. I understand the actual risks to me personally vary depending on my underlying medical condition, the presence of predisposing factors as well as the nature of the operation/procedure being performed.
4.~	I acknowledge that no assurance has been given to me that the operation/procedure will be performed by any particular medical practitioner.
5.	I acknowledge that potential benefits, risks, complications and alternatives of the operation/procedure have been explained to me. I have also been given an opportunity to clarify on any issues/ matters arising.
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-	Lee Ho yin
3.57	(Signature / Thumb Print of Person Consenting) (Full Name of Person Consenting)
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	(Date) (Relationship to patient) (If Applicable)
*de	lete accordingly (if Applicable)
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I confirm that I have explained the nature, purpose, effects, risks / comp	plications and alter	natives of the a	bove state	
operation(s) / procedure(s) to the consenting person in *Mandarin	/ English / Malay	/Tamil / Other	language	s
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(Signature of Medical Practitioner)	(Signature of V	Vitness) (Optiona	al)	
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Daniel Chong Merizzy TA	N MEI	MEI	(STAFF	.NURS
(Name of Medical Practitioner)	(Name of W	itness) (Optional) .	
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