

CLEMENTI HOSPITAL

LEE HO YIN
54897583EBlk 648, Clementi Ave 4,
#03-723 S 650648

CONSENT FOR OPERATION / PROCEDURE

PART I NAME OF OPERATION(S) / PROCEDURE(S)

Oesophago-gastro-duodenoscopy + Laser Coagulation therapy

Enter Name of Operation(s) / Procedure(s)

PART II NAME OF PATIENT / PERSON CONSENTING

1. I consent to the operation/procedure listed above (Part I) and the administration of anaesthesia (local, regional or general) as needed for the purpose of the operation(s) / procedure(s) on *myself / relative / child / ward

named Lee Ho Yin *NRIC/Passport/ID No. 54897583E
(Patient Full Name)

2. I 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.

(Signature / Thumb Print of Person Consenting)


(Full Name of Person Consenting)

PART II - TO BE FILLED BY MEDICAL PRACTITIONER

5. I confirm that I have explained the nature, purpose, effects, risks / complications and alternatives of the above stated operation(s) / procedure(s) to the consenting person in *Mandarin / English / Malay / Tamil / Other languages (specify) _____, who acknowledged having understood the explanations fully.



(Signature of Medical Practitioner)



(Signature of Witness) (Optional)

Johnny Tay Tim Huat
MCR 06064B

(Name of Medical Practitioner)

S78791231 NRIC
Maicy Tan (RN)

(Name of Witness) (Optional)

(Date)

(Date)

*Delete accordingly

PART III - TO BE FILLED BY TRANSLATOR WHEN EXPLANATIONS ARE GIVEN IN LANGUAGE OTHER THAN ENGLISH

7. I, _____ confirm that I have explained to the patient /
(Name of translator)
person consenting, the nature, purpose, effects, risks / complications and alternatives of the operation(s) / procedure(s)
in _____, and I have explained the context of
(Language / Dialect)
Part II of this form to the patient / person consenting. N.A.

(Signature of translator)

(Date)