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| **PT. McDermott Indonesia** | | | |
| McDermott Reviews | Glassdoor | **APPROVAL/REJECTION OF MEDICAL ACTS *(INFORMED CONSENT)*** | | **Name/*Nama* :**  **Date of Birth/*TL* : M/F Dept :**  **No. Emp :**  **Visit ID :** |
| **APPROVAL/REJECTION OF MEDICAL ACTS**  ***PERSETUJUAN/PENOLAKAN TINDAKAN MEDIS*** | | | |
| **Doctor in Charge/ *Dokter Penanggung Jawab*** | |  | |
| **The undersigned/ *bertandatangan di bawah ini*:**  **Name/*Nama*** :  **Age/Gender/*umur/jenis kelamin :*** M*(L)* / F*(P)*  **Address/*alama****t* :  From this form, **I AGREE/DISAGREE** to Medical treatment of my self  *Dari formulir ini,* ***SAYA SETUJU****/****TIDAK SETUJU*** *untuk perawatan medis diri saya*  Against my self \*/Child\*/Wife\*/Husband\*/Father\*/Mother\*/ , with  *Untuk diri saya sendiri \*/Anak\*/Istri\*/Suami\*/Ayah\*/Ibu\**/ , dengan  **Name/Nama** :  **Age/Gender/umur/jenis kelamin** : L / P  **Address/*alamat*** :  **I understand about the benefits of such measures as described to me, including the risks and complications that may arise. I also realized that doctors make the best effort for medical treatment**  *Saya mengerti tentang manfaat dari tindakan seperti yang dijelaskan kepada saya, termasuk risiko dan komplikasi yang mungkin timbul. Saya juga menyadari bahwa dokter melakukan upaya terbaik untuk perawatan medis* | | | |

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| **Doctor/Paramedic**  ***Dokter/paramedis***  ( ) | Batam, Time/*waktu*  **Statement maker**  ***Saya yang membuat pernyataan***  ( )  **Witness**  ***Saksi***  ( ) |