

NOVENA SURGERY

Company Reg. No. 200716935D

10 Sinaran Drive #08-18 to 22, 24 to 29
Novena Medical Center @ Square 2,
Singapore 307506
Tel : 6254 9331 Fax : 6397 6465

PATIENT'S STICKY LABEL

CONSENT FOR OPERATION OR PROCEDURE

This consent form is valid for 90 days or one admission, depending on whichever comes first.

1. I, the undersigned, consent to undergo the operation / procedure of _____

having understood the nature, purpose, risks and alternatives which were explained to me by Dr. _____

2. I also consent to:

- 2.1 The administration of general, local or other forms of anaesthesia, and confirm that the nature, risks and alternatives of such anaesthesia have been explained to me.
- 2.2 The transfusion of blood and other blood derived products as may be found necessary by my attending doctor(s) and confirm that the nature and risks and alternatives for such transfusions have been explained to me.
- 2.3 Such further or alternative operative measures or procedures as may be found necessary by my attending doctor during the course of this operation / procedure.
- 2.4 My attending doctor seeking consultation or assistance from other relevant specialists if the need arises during the course of this operation/ procedure.
- 2.5 Admission to Hospital in the event of a medical emergency.
- 2.6 I also understand that photographs may be taken as part of my own / my child's / my ward's confidential medical records.

Full Name (Block Letters)

NRIC / Passport No.

Signature / Right Thumb Print

Date

Witness' Name

Signature

Date

Where the patient is below the age of maturity (21 years), or for some reason ** is unfit to sign this consent, the centre together with the attending doctor reserves the discretion to obtain consent from the parent, spouse, next-of-kin or guardian of the patient.

** Specify such reasons: _____

I, the undersigned, the Parent / Spouse / Next-of-Kin / Guardian* of the above-named patient:

- Warrant that I have the authority to accept the forgoing conditions on behalf of the patient;
- Consent to the performance of the surgical operation / procedure named above, on this patient;
- Confirm that the nature, purpose, risks and alternatives of this operation / procedure as well as of the anaesthesia and the transfusion of blood have been explained and that I understand and consent to paragraphs 2.1, 2.2, 2.3, 2.4, 2.5 and 2.6 above.

Full Name (Block Letters)

NRIC / Passport No.

Signature / Right Thumb Print

Date

Witness' Name

Signature

Date

I confirm that I have explained the nature, purpose, risks and alternatives of the operation or procedure to this Patient / Parent / Spouse / Next-of-Kin / Guardian*.

Signature of Surgeon / Physician: _____ Date: _____

I confirm that I have explained the nature, purpose and risks of anaesthesia to this Patient / Parent / Spouse / Next-of-Kin / Guardian*.

Name & Signature of Anaesthetist : _____ Date: _____

Translated to the above named Patient / Parent / Spouse / Spouse / Next-of-Kin / Guardian* in _____
(specified language or dialect) by the undersigned who confirms that the patient understands and accepts the contents of this form.

Translator's Name

Translator's Signature

Date

**Delete whichever is not applicable.*