

仁安醫院 UNION HOSPITAL

接受內視鏡同意書 (LA/IVS/NA)

Consent for Endoscopic Procedure (LA/IVS/NA)

Please Use ID Label or Block Print				Please Use ID Label or Block Print			
SURNAME		UNIT RECORD NO.		SURNAME		UNIT RECORD NO.	
GIVEN NAME		CHINESE NAME		GIVEN NAME		CHINESE NAME	
SEX	AGE	WARD	ADMITTED DATE AND TIME	SEX	AGE	WARD	ADMITTED DATE AND TIME
ATTN. DOCTOR:				ATTN. DOCTOR:			
CONSULT. DOCTOR:				CONSULT. DOCTOR:			

(1)A 本人 I _____ *身份證號碼 / 護照號碼 _____ 在此同意
(病人姓名 Name of Patient) *H.K.I.D.No. / Passport No. _____ hereby voluntarily

接受
give my consent to undergo the procedure of:

- 食道胃十二指腸內視鏡檢查 Oesophago-Gastro-duodenoscopy
 結腸內視鏡檢查 Colonoscopy
 乙狀結腸內視鏡檢查 Sigmoidoscopy
 氣管內視鏡檢查 Flexible Bronchoscopy
 膀胱鏡檢查 Cystoscopy
 其他 Others: _____

(手術名稱 Name of Procedure)

由 _____ 醫生施行，並使用
to be performed by Dr. _____ under

*局部麻醉 / 靜脈注射鎮靜劑 / 無麻醉方式。
*local anaesthesia / intravenous sedation / no anaesthesia.

或 OR

(1)B 本人 I _____ *身份證號碼 / 護照號碼 _____ 為病人
(簽署人姓名 Name of Signatory) *H.K.I.D.No. / Passport No. _____ am patient

的 *父親 / 母親 / 監護人，在此代表病人同意接受

's *father / mother / guardian, hereby voluntarily give my consent for the Patient to

(病人姓名 Name of Patient)

undergo the procedure of:

- 食道胃十二指腸內視鏡檢查 Oesophago-Gastro-duodenoscopy
 結腸內視鏡檢查 Colonoscopy
 乙狀結腸內視鏡檢查 Sigmoidoscopy
 氣管內視鏡檢查 Flexible Bronchoscopy
 膀胱鏡檢查 Cystoscopy
 其他 Others: _____

(手術名稱 Name of Procedure)

由 _____ 醫生施行，並使用
to be performed by Dr. _____ under

*局部麻醉 / 靜脈注射鎮靜劑 / 無麻醉方式。
*local anaesthesia / intravenous sedation / no anaesthesia.

(2) 本人確認，在簽署此同意書前，已獲得有關此手術/醫療程序之資料，包括：
I acknowledge that, before signing this consent form, I have been fully informed about the proposed Procedure, including the following:

- (a) 需要進行是項手術 / 醫療程序之原因
Indication for performing the Procedure.
- (b) 是項手術 / 醫療程序之性質
General nature of the Procedure.
- (c) 是項手術 / 醫療程序及與病人情況有關之潛在危險及併發症
Potential specific risks of complications and side effects relevant to the Procedure and the Patient's condition.
- (d) 其他治療方法及不接受治療所帶來的後果
Other treatment options, and consequences of no treatment.
- (e) 有關靜脈注射鎮靜劑之風險及併發症
The possible risks / complications associated with intravenous sedation.
- (f) 可能需要使用局部麻醉藥物，例如局部麻醉噴劑或藥膏
Application of local anaesthetic drug may be used, e.g. Local anaesthesia spray or ointment.

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SEX	AGE	WARD	ADMITTED DATE AND TIME	SEX	AGE	WARD	ADMITTED DATE AND TIME
ATTN. DOCTOR:				ATTN. DOCTOR:			
CONSULT. DOCTOR:				CONSULT. DOCTOR:			

3. 本人明白
I understand that
- (a) 如有需要，除上述醫生外，可能需要其他醫生參與是項手術 / 醫療程序；
by necessity, medical practitioners other than the Doctor may assist in performing the Procedure;
 - (b) 若在手術期間有身體器官或組織被切除，這些器官或組織可能被棄置，或先作病理化驗，然後被棄置；
if tissues or organs are removed during the Procedure, they may be submitted for pathological examination following which they will be disposed of appropriately, or they may be disposed of without such pathological examination;
 - (c) 是項手術 / 醫療過程可能會被攝影或錄影以作存檔或教學用途，如屬後者，病人之身份將不會被公開或識別；及
during the Procedure, photographs or other recording may be taken which may be used for medical documentation or teaching purposes. For the latter, the Patient's identity will not be disclosed or identifiable; and
 - (d) 進行是項手術 / 醫療程序，並不保證病人情況或以後病況會改善。
there is no guarantee that the Patient's condition or prognosis will improve following the Procedure.
4. 在施行是項手術期間，如醫生認為應作進一步的手術，或須施行另一項手術，本人亦同意進行。
I also consent to further or alternative operative measures as may be found to be necessary or advisable during the course of such operation.
5. 本人確認收到有關是項手術/醫療程序的資料單張(附頁)，並已閱讀及完全明白其內容 (□是 / □否)。
I confirm that I have been provided with an information leaflet on the Procedure (copy attached), and that I have reviewed the same, and that I fully understand the contents (□ Yes / □ No).

*病人 / 父母 / 監護人簽署
Signature of * Patient / Parents / Guardian : _____ 日期
Date: _____
DD/MM/YYYY

見證人簽署
Signature of Witness: _____ 姓名
Name: _____ 日期
Date: _____
(請用正楷填寫 Name in BLOCK LETTER) DD/MM/YYYY

醫生聲明：本人已向上述簽署者解釋是項手術/醫療程序的性質、風險及效益，並已解答其提出的有關問題。
據本人所理解，上述簽署者已獲得充分的資料及已簽妥同意書，而這些資料亦已記錄在病人的病歷內。
DOCTOR'S DECLARATION: I have explained the nature, risks and benefits of the operation to the above signatory and have answered the above signatory's questions. To the best of my knowledge, the above signatory has been adequately informed and has consented, and the details as such had been documented in the Patient's clinical record.

負責手術之醫生簽署
Signature of Doctor responsible for the procedure: _____ 日期
Date: _____
DD/MM/YYYY

由翻譯員填寫(如適用)
To be completed by Interpreter (if applicable) :

本人
I _____ 已如實地及清楚地
certify that I have truly, distinctly and audibly interpreted the
將此同意書的內容翻譯成 _____ 向簽署者翻譯。
contents of this document into _____ to the Signatory.
(語言或方言 insert language or dialect)

翻譯員簽名
Signature of Interpreter: _____ 日期
Date: _____
DD/MM/YYYY

* 請刪除不適用句子 Delete if inappropriate. 請在適當方格填上「✓」號 「✓」 if appropriate

NUA-385-11-2526(R3)

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