

接受内视镜同意书 (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 _____ *身分证号码 / 护照号码 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:

食道胃十二指肠内视镜检查 Oesophago-Gastro-duodenoscopy
 结肠内视镜检查 Colonoscopy
 乙状结肠内视镜检查 Sigmoidoscopy
 气管内视镜检查 Flexible Bronchoscopy
 膀胱镜检查 Cystoscopy
 其它 Others: _____
(手术名称 Name of Procedure)

由 _____ 医生施行，并使用
 to be performed by Dr. _____ under

*局部麻醉 / 静脉注射镇静剂 / 无麻醉方式。
 * local anaesthesia / intravenous sedation / no anaesthesia.

或 OR

(1)B 本人 I _____ *身分证号码 / 护照号码 为病人
 (签署者姓名 Name of Patient) *H.K.I.D.No. / Passport No. _____ am patient

的 *父亲 / 母亲 / 监护人，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:

食道胃十二指肠内视镜检查 Oesophago-Gastro-duodenoscopy
 结肠内视镜检查 Colonoscopy
 乙状结肠内视镜检查 Sigmoidoscopy
 气管内视镜检查 Flexible Bronchoscopy
 膀胱镜检查 Cystoscopy
 其它 Others: _____
(手术名称 Name of Procedure)

由 _____ 医生施行，并使用
 to be performed by Dr. _____ under

*局部麻醉 / 静脉注射镇静剂 / 无麻醉方式。
 * local anaesthesia / intravenous sedation / no anaesthesia.

- (2) 本人确认，在签署此同意书前，已获得有关此手术/医疗程序之资料，包括：
 I acknowledge that, before signing this consent form, I have been fully informed about the proposed Procedure, including the following:
- (a) 需要进行是项手术 / 医疗程序之原因
 Indication for performing the Procedure.
 - (b) 是项手术 / 医疗程序之性质
 General nature of the Procedure.
 - (c) 是项手术 / 医疗程序及与病人情况有关之潜在危险及并发症
 Potential specific risks of complications and side effects relevant to the Procedure and the Patient's condition.
 - (d) 其它治疗方法及不接受治疗所带来的后果
 Other treatment options, and consequences of no treatment.
 - (e) 有关静脉注射镇静剂之风险及并发症
 The possible risks / complications associated with intravenous sedation.
 - (f) 可能需要使用局部麻醉药物，例如局部麻醉喷剂或药膏
 Application of local anaesthetic drug may be used, e.g. Local anaesthesia spray or ointment.

仁安醫院 UNION HOSPITAL

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ATTN. DOCTOR:				ATTN. DOCTOR:			
CONSULT. DOCTOR:				CONSULT. DOCTOR:			

3. 本人明白

I understand that

- (a) 如有需要，除上述医生外，可能需要其它医生参与是项手术 / 医疗程序；
by necessity, medical practitioners other than the Doctor may assist in performing the Procedure;
- (b) 若在手术期间有身体器官或组织被切除，这些器官或组织可能被弃置，或先作病理检验，然后被弃置；
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) 是项手术 / 医疗程序可能会被摄像或录像以作存档或教学用途，如属后者，病人之身分将不会被公开或识别；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) 进行是项手术 / 医疗程序，并不保证病人情况或以后病况会改善。
there is no guarantee that the Patient's condition or prognosis will improve following the Procedure.

4. 在施行是项手术期间，如医生认为应作进一步的手术，或须施行另一项手术，本人亦同意进行。

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. 本人确认收到有关是项手术/医疗程序的资料(附页)，并已阅读及完全明白其内容 (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/监护人签署
Signature of * Patient / Parents / Guardian : _____ 日期 Date: _____
DD/MM/YYYY

见证人签署 姓名 日期
Signature of Witness: _____ Name: _____ Date: _____
(请用正楷填写 Name in BLOCK LETTER) DD/MM/YYYY

医生声明：本人已向上述签署者解释是项手术/医疗程序的性质、风险及效益，并已解答其提出的有关问题。据本人所理解，上述签署者已获得充分的资料及已签妥同意书，而这些资料亦已记录在病人的病历内。

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.

负责手术之医生签署 日期
Signature of Doctor responsible for the procedure: _____ Date: _____
DD/MM/YYYY

由翻译员填写(如适用)

To be completed by Interpreter (if applicable) :

本人 已如实及清楚地
I _____ certify that I have truly, distinctly and audibly interpreted the
将此同意书的内容翻译成 向签署者传译。
contents of this document into _____ to the Signatory.
(语言或方言 insert language or dialect)

翻译员签名 日期
Signature of Interpreter: _____ Date: _____
DD/MM/YYYY

* 请删除不适用句子 Delete if inappropriate. 请在适当方格填上「✓」号 「✓」 if appropriate

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