



醫生聲明 (只適用於終止妊娠手術)

Doctor's Declaration (for Termination of Pregnancy only)

Please Use ID Label or Block Print

SURNAME		UNIQUE RECORD NO.	
GIVEN NAME		CHINESE NAME	
SEX	AGE	WARD	ADMITTED DATE & TIME
ATTN. DR.:			
CON. DR.:			

\*\*\*應與「NUA-345m 手術同意書」同閱\*\*\*  
\*\*\* TO BE READ IN CONJUNCTION WITH "NUA-345m CONSENT FOR SURGERY" \*\*\*

負責手術之醫生姓名

Doctor responsible for the procedure: \_\_\_\_\_

病人姓名

Patient Name: \_\_\_\_\_

醫生聲明 DOCTOR'S DECLARATION :

本人確認並不知悉病人在是次懷孕期中是否曾進行任何可以提供胎兒性別資料的測試。

I am unaware that my patient has performed any test which may have provided the information of fetal gender about the current pregnancy.

本人確認已知悉病人在是次懷孕期中曾經進行一些能夠辨別胎兒性別的測試，惟本人仍然同意此病人必須接受終止妊娠手術，原因如下：

I am aware that my patient has performed test which may have provided the information of fetal gender about the current pregnancy. I agree that the operation of Termination of Pregnancy is necessary for the patient because:

\_\_\_\_\_  
\_\_\_\_\_

醫生簽署

Doctor Signature: \_\_\_\_\_

日期

Date: \_\_\_\_\_

DD / MM / YYYY

請✓適用項目 Please tick box if applicable

NUA-539-21-3233(R2)

Effective since 01-03-2021

Approved by Head of O&G Department, DON

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醫生簽署

Doctor Signature: \_\_\_\_\_

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