UNION HOSPITAL



醫生聲明(只適用於終止妊娠手術) Doctor's Declaration (for Termination of Pregnancy only)

SURNAME			UNIQUE RECORD NO.	
GIVEN NAME			CHINESE NAME	
SEX	AGE	WARD	ADMITTED DATE & TIME	

	應與「NUA-345m 手術同意書」同閱*** UNCTION WITH "NUA-345m CONSENT FOR SURGE	RY'' ***
負責手術之醫生姓名 Doctor responsible for the procedure:	病人姓名 Patient Name:	
	: 期中是否曾進行任何可以提供胎兒性別資料的測試。 ormed any test which may have provided the information	。 n of fetal gender
接受終止妊娠手術,原因如下: I am aware that my patient has perforn	中曾經進行一些能夠辨別胎兒性別的測試,惟本人d ned test which may have provided the information of fet tration of Termination of Pregnancy is necessary for the	al gender about the
醫生簽署 Doctor Signature:	日期 Date:	
□ 請✓適用項目 Please tick box if applicable		IM / YYYY
Effective since 01-03-2021	Approved by Head of O&G Department, DON	Page 1 of 1

仁	麥	醫	院
UN	ION	HC	SPITAL



整止 聲明 (日滴用於終止妊娠手術)

SURNAME			UNIQUE RECORD NO.
GIVEN NAME			CHINESE NAME
SEX	AGE	WARD	ADMITTED DATE & TIME

B L T 7 (N W L X X) M)		
Doctor's Declaration (for Termination of Pregnancy only	ATTN. DR.: CON. DR.:	
***應與「NUA-345m 手術同意		
*** TO BE READ IN CONJUNCTION WITH "NUA-3	45m CONSENT FOR SURGERY" **	**
負責手術之醫生姓名	病人姓名	
Doctor responsible for the procedure:	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 about the current pregnancy.		al gender
□ 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接受終止妊娠手術,原因如下:	胎兒性別的測試,惟本人仍然同	意此病人必須
I am aware that my patient has performed test which may have p current pregnancy. I agree that the operation of Termination of P		
醫生簽署	日期	
Doctor Signature:	Date:	
<u> </u>	DD / MM / YYYY	Y
□ 請√適用項目 Please tick hox if applicable		

NUA-539-21-3233(R2)

MR