

# J B Dental Clinic Surgery Consent Form

**\* Basic Information 基本資料 (病人姓名、出生日期、病歷號碼)**

Patient's name \_\_\_\_\_

Patient's date of birth \_\_\_\_\_(YY/MM/DD)

Patient's medical record number \_\_\_\_\_

1.Operation planned for implementation (write in Chinese, when necessary, medical terminology may be noted in a foreign language)

擬實施之手術 (以中文書寫, 必要時醫學名詞得加註外文)

(1)Type of illness 疾病名稱

\_\_\_\_\_

(2)Suggested operation 建議手術名稱

\_\_\_\_\_

(3)Reasons for suggested operation 建議手術原因

\_\_\_\_\_

2.Doctor's Statements 醫師之聲明

(1)I have, to the best of my ability, fully informed the patient about the surgery, especially the following matters:

我已經儘量以病人所能瞭解之方式, 解釋這項手術之相關資訊, 特別是下列事項:

Reasons for suggested surgery, surgical process and scope, risks and success rate, and the possibility of blood loss

需實施手術之原因、手術步驟與範圍、手術之風險及成功率、輸血之可能性

Possible complications and treatments for the complications

手術併發症及可能處理方式

Consequences of not operating and alternative treatments

不實施手術可能之後果及其他可替代之治療方式

Short-term or long-term conditions that might be expected after the surgery

預期手術後, 可能出現之暫時或永久症狀

Other information related to operation explanation has been delivered to the patient

其他與手術相關說明資料, 已交付病人

(2)I have given the patient sufficient time to ask questions regarding the surgery and answered them as such:

我已經給予病人充足時間, 詢問下列有關本次手術的問題, 並給予答覆:

A. ....

B. ....

C. ....

Chief operating surgeon 手術負責醫師

Name 姓名 \_\_\_\_\_ Signature 簽名 \_\_\_\_\_

Specialty 專科別 \_\_\_\_\_

(Certificate of Specialist granted by the Ministry of Health and Welfare; if any)

(※衛生福利部授予之專科醫師證書科別; 若無則免填)

Date \_\_\_\_\_(YY/MM/DD) (日期: 年/月/日)

Time:           hour           minute (時間: 時/分)

### 3. Patient's Statements 病人之聲明

(1)The doctor has explained and I understand the necessity, process, risks, success rate, and other information regarding the operation.

醫師已向我解釋, 並且我已經瞭解施行這個手術的必要性、步驟、風險、成功率之相關資訊。

(2)The doctor has explained and I understand the risk of choosing other possible treatments.

醫師已向我解釋, 並且我已經瞭解選擇其他治療方式之風險。

(3)The doctor has explained and I understand the possible situations that might occur after the surgery and the risks of not undergoing surgery.

醫師已向我解釋, 並且我已經瞭解手術可能預後情況和不進行手術的風險。

(4)I understand there might be blood loss at crucial times. I  consent  do not consent to a blood transfusion.

我瞭解這個手術必要時可能會輸血; 我  同意  不同意 輸血。

(5)Based on my situation, proceeding of operation and treatment method etc., I have proposed questions and doubts to the physician and been explained to.

針對我的情況、手術之進行、治療方式等, 我已經向醫師提出問題和疑慮, 並已獲得說明。

(6)I understand that during the surgical process, if it is necessary to remove certain organs or tissues to aid with treatment, the hospital will preserve it for a duration of time to study and judiciously dispose of at a later date.

我瞭解在手術過程中, 如果因治療之必要而切除器官或組織, 醫院可能會將它們保留一段時間進行檢查報告, 並且在之後會謹慎依法處理。

(7)I understand that this operation has certain risks and cannot guarantee to certainly improve my state of illness.

我瞭解這個手術有一定的風險, 無法保證一定能改善病情。

**In accordance with all agreements above, I give my consent to this surgery.**

**基於上述聲明, 我同意進行此手術。**

Name 立同意書人姓名 \_\_\_\_\_

Signature for Consent 簽名 \_\_\_\_\_

(※If you receive a blank form without physician's statement, please do not sign on it first)

(※若您拿到的是沒有醫師聲明之空白同意書，請勿先在上面簽名同意)

Relation: Patient's:

關係：病人之

(Please refer to Notes 3 for the identity of signatory)

(立同意書人身分請參閱附註三)

Unified ID Card No./Residence Permit or Passport No.: \_\_\_\_\_

身分證統一編號/居留證或護照號碼

Address 住址: \_\_\_\_\_

Telephone number 電話: \_\_\_\_\_

Date: \_\_\_\_\_ (YY/MM/DD) (日期：年/月/日)

Time:           hour           minute (時間：時/分)

**Additional Comments 附註：**

1. General risks of operation 手術的一般風險

(1) After operation, part of the lungs might lose function, which will cause increasing probability of chest infection, at this moment, antibiotic, respiratory treatment or other necessary treatment might be needed.

手術後，肺臟可能會有一小部分塌陷失去功能，以致增加胸腔感染的機率，此時可能需要抗生素、呼吸治療或其他必要的治療。

(2) Excluding operations employing local anesthesia, there may be blockage of blood vessels in the legs causing possible pain and swelling. Although rare, blood clots could form and spread to the lungs, threatening the patient's life.

除局部麻醉以外之手術，腿部可能產生血管栓塞，並伴隨疼痛和腫脹。凝結之血塊可能會分散並進入肺臟，造成致命的危險，惟此種情況並不常見。

(3) Pressure to the heart could trigger heart attack or stroke.

因心臟承受壓力，可能造成心臟病發作，也可能造成中風。

(4) In the course of operation, there is still the possibility of unpredictable accident, even death might be caused by it.

手術過程仍可能發生難以預期的意外，甚至因而造成死亡。

2. If the person who consents to the operation on this form is not the patient, please indicate your relationship to the patient in the section entitled "Relationship to Patient."

立同意書人非病人本人者，「與病人之關係欄」應予填載與病人之關係。

3. Unless under the following circumstances, the Consent for Operation shall be signed by the patient personally:

手術同意書除下列情形外，應由病人親自簽名：

(1) When the patient is a minor or cannot express his/her consent, for a reason, it may be signed by the statutory agent, spouse, relative or related party.

病人為未成年人或因故無法為同意之表示時，得由法定代理人、配偶、親屬或關係人簽名。

(2) The patient's related party means the person with special close relationship with the patient, such as companion (gender-neutral), cohabitant, intimate friend etc.; or the person responsible for protecting the patient pursuant to law or contractual relationship, such as guardian, juvenile probation officer, school personnel, the driver who caused the accident, policeman and firefighter etc.

病人之關係人，係指與病人有特別密切關係之人，如伴侶（不分性別）、同居人、摯友等；或依法令或契約關係，對病人負有保護義務之人，如監護人、少年保護官、學校教職員、肇事駕駛人、軍警消防人員等。

(3) If the patient is illiterate, the signature may be replaced by making a fingerprint, provided two eyewitnesses shall sign beside the fingerprint.

病人不識字，得以按指印代替簽名，惟應有二名見證人於指印旁簽名。

4. Medical institution shall implement the operation within three months after the patient has signed the Consent for Operation, in case of overdue, the Consent for Operation shall be signed again; and the same shall apply in case of changes in the state of illness after signing the Consent for Operation.

醫療機構應於病人簽具手術同意書後三個月內，施行手術，逾期應重新簽具同意書，簽具手術同意書後病情發生變化者，亦同。

5. In the course of operation, in case of change in the suggested operation item or scope, if the patient is conscious, he/she shall still be informed, and his/her consent is required; if the patient is unconscious or cannot express his/her intention, then it shall be consented by the statutory or designated agent, spouse, relative or related party of the patient. When the foregoing staffs are absent, for the best interest of the patient, the physician in charge of operation may make a decision according to his/her professional judgment, but shall not violate the patient's expressed or presumable intent.

手術進行時，如發現建議手術項目或範圍有所變更，當病人之意識於清醒狀態下，仍應予告知，並獲得同意，如病人意識不清醒或無法表達其意思者，則應由病人之法定或指定代理人、配偶、親屬或關係人代為同意。無前揭人員在場時，手術負責醫師為謀求病人之最大利益，得依其專業判斷為病人決定之，惟不得違反病人明示或可得推知之意思。

6. After the medical institution has implemented operation to the patient, if it is necessary to implement another operation to the patient again, the Consent for Operation shall be signed again.

醫療機構為病人施行手術後，如有再度為病人施行手術之必要者，仍應重新簽具同意書。

7. After the medical institution has checked the completeness of signature in the Consent for Anesthesia Services, one copy will be kept by the medical institution together with medical history, and one copy will be kept by the patient.

醫療機構查核同意書簽具完整後，一份由醫療機構連同病歷保存，一份交由病人收執。

Reference source: Website of the Ministry of Health and Welfare

參考資料來源：衛生福利部網站