

J B Dental Clinic Anesthesia Consent Form

* Basic Information 基本資料

Name of Patient 病人姓名：_____

Patient's Date of Birth 出生日期：_____ (年/月/日)

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

擬實施之麻醉 (以中文書寫，必要時醫學名詞得加註外文)

(1) Name of operation to be administered by surgeon 外科醫師施行手術名稱：

(2) Suggested method of anesthesia 建議麻醉方式：

2. Physician's Statement 醫師之聲明

(1) I have already carried out a preoperative anesthesia assessment for this patient.

我已經為病人完成術前麻醉評估之工作。

(2) I have already done my best to explain to the patient in a manner that he/she can understand all information relevant to the anesthesia process, in particular the following items:

我已經儘量以病人所能瞭解之方式，解釋麻醉之相關資訊，特別是下列事項：

The steps of the anesthesia

麻醉之步驟

The risks involved in the anesthesia

麻醉之風險

Possible post-anesthesia symptoms

麻醉後，可能出現之症狀

Other information related to anesthetization explanation has been delivered to the patient.

其他與麻醉相關說明資料，已交付病人。

(3) I have provided the patient with sufficient time to ask the following questions in relation to the anesthesia process of this operation, and have provided the patient with answers:

我已經給予病人充足時間，詢問下列有關本次手術涉及之麻醉問題，並給予答覆：

A. _____

B. _____

C. _____

Anesthesiologist 麻醉醫師

Name 姓名：

Signature 簽名：

Date: _____/_____/_____ (YYYY/MM/DD) (日期：年/月/日)

Time: _____:_____ (時間：時/分)

3. Patient's Statement 病人之聲明

(1) I understand that for the successful completion of this operation, I must undergo anesthesia to alleviate the pain and fear caused by the operation.

我了解為順利進行手術，我必須同時接受麻醉，以解除手術所造成之痛苦及恐懼。

(2) The anesthesiologist has already explained to me the method of anesthesia to be used, as well as its associated risks, and I understand the method and its risks.

麻醉醫師已向我解釋，並且我已了解施行麻醉之方式及風險。

(3) I have understood the side effects and complications might occur in anesthesia.

我已了解麻醉可能發生之副作用及併發症。

(4) I have asked the physician questions and fears in relation to the operation and have been explained.

針對麻醉之進行，我能夠向醫師提出問題和疑慮，並已獲得說明。

On the basis of the above statement, I agree to undergo anesthesia.

基於上述聲明，我同意進行麻醉。

Name of consent 立同意書人姓名：

Signed by 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)

Relationship to patient:

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: _____/_____/_____ (YYYY/MM/DD) (日期：年/月/日)

Time: _____:_____ (時間：時/分)

Additional Comments 附註：

1. Apart from assisting in implementing operation smoothly, the anesthetization in the course of

operation can also help to avoid pain and fear during operation, and maintain stable physiological functions, but as far as some patients receiving anesthetization are concerned, regardless of general anesthesia or regional anesthesia, the following side effects and complications might occur:

手術過程中之麻醉，除輔助手術順利施行外，亦可免除手術時的痛苦和恐懼，並維護生理功能之穩定，但對於部分接受麻醉之病人而言，不論全身麻醉或區域麻醉，均有可能發生以下之副作用及併發症：

- (1) For patients with active or latent diseases of the cardiovascular system, there is an increased chance of a myocardial infarction occurring either during the operation or after anesthesia is administered.

對於已有或潛在性心臟血管系統疾病之病人，於手術中或麻醉後較易引起突發性急性心肌梗塞。

- (2) For patients with active or latent diseases of the cardiovascular system or cerebrovascular system, there is an increased chance of stroke occurring either during the operation or after anesthesia is administered.

對於已有或潛在性心臟血管系統或腦血管系統疾病之病人，於手術中或麻醉後較易發生腦中風。

- (3) In the case of an emergency operation, undisclosed food intake, or high intra-abdominal pressure (due to intestinal blockage, pregnancy, etc.), the patient may experience vomiting while under anesthesia, which may in turn result in aspiration pneumonia.

緊急手術，或隱瞞進食，或腹內壓高（如腸阻塞、懷孕等）之病人，於執行麻醉時有可能導致嘔吐，因而造成吸入性肺炎。

- (4) For patients with idiosyncrasy, anesthetization might cause malignant fever (it is a potential genetic disease, currently modern medicine has no proper prior test for prediction).

對於特異體質之病人，麻醉可引發惡性發燒（這是一種潛在遺傳疾病，現代醫學尚無適當之事前試驗可預知）。

- (5) Patients with certain drug allergies or who receive blood transfusions may experience acute reactions while under anesthesia.

由於藥物特異過敏或因輸血而引致之突發性反應。

- (6) Local anesthesia may result in short-term or long term neurological damage.

區域麻醉有可能導致短期或長期之神經傷害。

- (7) Anesthesia may result in other pathological disorders.

其他偶發之病變。

2. If the Consent Form is signed by the patient's agent, the agent's relationship to the patient should be specified in the "Relationship to patient" space.

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 Anesthesia Services shall be signed by the patient personally:

麻醉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. In the course of operation, in case of change in the suggested anesthesia 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, anesthetist 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，如發現建議麻醉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，麻醉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。

5. After the medical institution has implemented operation to the patient, if it is necessary to implement another operation to the patient again, and such operation is in need of anesthetization, the Consent for Anesthesia Services 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，配合手術需施行麻醉者，仍應重新簽具麻醉同意書。

6. 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