

ORIGINAL

## GENERAL CONSENT FORM

NAME:	[REDACTED]	NRIC:	[REDACTED]
BIRTH DATE:	[REDACTED]	AGE:	51y
HEIGHT:	-	WEIGHT:	-
BSA:	-	SEX:	Male
		RACE:	Chinese
		BMI:	-
		ACCOUNT NO:	[REDACTED]
ADDRESS:	[REDACTED]		
DRUG ALLERGIES:	No Known Allergies		

## PATIENT CONSENT

### General Consent For Admission (Inpatient/Day Surgery)

I agree to undergo medical treatment, x-ray examinations, laboratory procedures, diagnostic tests, injections or other services under instructions of physicians in connection with my medical care at Singapore General Hospital (SGH) / National Heart Centre Singapore (NHCS) / National Cancer Centre Singapore (NCCS) / Singapore National Eye Center (SNEC). I understand that my specific consent will be obtained for any surgery or other invasive procedures and their related protocol. My consent will also need to be obtained for participation in any research.

I understand that the hospital / centre is a teaching institution and that junior doctors, fellows, medical / nursing / allied health students may participate in my care. I understand that I will be looked after by a healthcare team who will have access to my medical information available through the Electronic Medical Records System.

Patient [REDACTED] and Signature Self Relationship to Patient \_\_\_\_\_ Date 02 Oct 2017  
 MBBS (S'pore), DFD (CAW), MRCS (Edin),  
 M.Med (Ortho), FRCS (Ortho), FAMS  
 Consultant Orthopaedic Surgeon  
 Department of Orthopaedic Surgery  
 Singapore General Hospital  
 MCR No. 11208B

Admitting Personnel's Name and Signature \_\_\_\_\_ Date 02 Oct 2017

Translated by Staff Name and Signature+ \_\_\_\_\_ Language Spoken+ \_\_\_\_\_

+ To fill only when applicable



## CONSENT BY PATIENT

### CONSENT FOR OPERATION / PROCEDURE BY PATIENT (Valid for 3 months)

ACCOUNT NO.

NRIC

NAME

ADDRESS

SEX

SGH

DATE AND TIME OF ADMISSION

#### Part I – Patient's Declaration

I,  (NRIC/Passport No. )

hereby consent to undergo Left Peroneus Longus Repair  
Keep in New Zealand Keep in New  
Excision of Os.

\_\_\_\_\_  
("Procedure").

I understand the nature, purpose, risks, complications and alternatives with regard to the Procedure. I have had an opportunity to ask for more information about (i) the complications; (ii) the risks in general; and (iii) specific concern(s) of relevance to me. I also consent to:

- The administration of anaesthesia (regional or local) where necessary for this Procedure.
- The use of drugs and medicines as may be deemed advisable or necessary for this Procedure.
- Further or alternative operative / procedural measures as may be found to be necessary during the course of the Procedure, and any other treatment and monitoring procedures deemed necessary.
- SGH collecting, using and/or disclosing my de-identified photographs, video and audio recordings ("Recordings") for the purposes of education and quality assurance.

I acknowledge that no representation has been made to me that the Procedure will be performed by any particular Medical Practitioner.

  
\_\_\_\_\_  
(Signature / Thumbprint [\*Right / Left] of Patient)

02 OCT 2017

\_\_\_\_\_  
(Date of Signing)

  
Principal Enrolled Nurse

\_\_\_\_\_  
(Name of Witness)

PEN

\_\_\_\_\_  
(Designation of Witness)

  
\_\_\_\_\_  
(Signature of Witness)

02 OCT 2017

\_\_\_\_\_  
(Date of Signing)

3009-01-006-F

\* Please delete accordingly

Date Revised: July 2016