



ORIGINAL

## GENERAL CONSENT FORM

NAME:	[REDACTED]		
	AGE: 33y	[REDACTED]	
HEIGHT: 170 cm	WEIGHT: 80.0 kg	SEX: Male	RACE: Chinese
BSA: 1.94	BMI: 27.7	[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 including information available through the Electronic Medical Records System.

[REDACTED]	self	04 Oct 2017
Patient / Parent / Legal Guardian's Name and Signature	Relationship to Patient	Date

[REDACTED]	04 Oct 2017
Admitting Personnel's Name and Signature	Date

Translated by Staff Name and Signature +	Language Spoken +
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+ To fill only when applicable

Location: SGH - Musculoskeletal Centre

Ordered On: 04 Oct 2017 10:32:59 AM