

HOSPITAL PULAU PINANGCONSENT FOR OPERATION/PROCEDURE

PER/CONSENT/2016

I, \_\_\_\_\_ of (address) \_\_\_\_\_  
\_\_\_\_\_ hereby agree and consent

\* (A) to undergo the operation(s)/procedure(s) of RIGHT PNEUMAL TAPPING

\* (B) to the submission of my \*child/ward, \_\_\_\_\_ IC/ID No. \_\_\_\_\_  
to undergo the operation(s)/procedure(s) of \_\_\_\_\_

under (type of anaesthesia) \*~~general~~/local/other(s) LOCAL ANAESTHESIA

the nature, purpose and potential risk(s) of which have been explained to me by Dr. \_\_\_\_\_  
through interpretation by (if any) \_\_\_\_\_. I fully understands the explanation given  
and also understand the reasons, consequences and risks of the operation/procedure.

I also agree and consent to any additional or alternative operative measures/procedure as may  
be found necessary during the course of the course mentioned operation(s)procedure(s) an to the  
administration of general, local or other anaesthesia for any of these purpose.

No guarantee has benn given to me that the operation/procedure/anaesthetic care will be  
performed by any particular practitioner.

Signed : \_\_\_\_\_  
( \*Patient/Parent/Guardian )  
Relationship : partner  
IC/ID No. : \_\_\_\_\_  
Date : \_\_\_\_\_

**Note :**

- If the person gives his/her consent as a guardian, his/her relationship with the patient should be stated below his/her signature
- The witness may ne another practitioner or a nurse who is not directly involved in the management of the patient nor related to the patient or the practitione taking consent.

**Witness:**

Signature : \_\_\_\_\_  
Name : \_\_\_\_\_  
IC/ID No. : \_\_\_\_\_  
Designation : \_\_\_\_\_  
Date : \_\_\_\_\_

**Interpreter (if any):**

Signature : \_\_\_\_\_  
Name : \_\_\_\_\_  
Date : \_\_\_\_\_  
Language used : \_\_\_\_\_

I confirm that i have explained the nature, purpose and potential risk(s) of this operation(s)/  
procedure(s) to the \*patient/parent

Signed : \_\_\_\_\_  
( \*Medical/Dental Practitioner )  
MMC/MDC No.: \_\_\_\_\_  
Date : \_\_\_\_\_  
Stamp : \_\_\_\_\_

**Note:**

Any amendements to the form are to be made before the  
explanation is given and the form is submitted for signature.





HOSPITAL

PURPA PAKA

Name of patient :

MRN No. :

IC/ID No. :

Gender :

Date :

**Attachment A:** Explanation of operation/procedure

RIGHT PLEURAL TAPPING

Nature:

↓ UA

Purpose:

for diagnostic & therapeutic purpose

Risk(s):

1. bleeding
2. pneumothorax / hemothorax
3. infection
4. pain
- 5.

Title of additional explanatory note/information sheet provided (if any):

Signature of \*Patient/Parent/Guardian:

**Note:**

Consent for operation/procedure and Attachment A must be signed by the same person.