

CONSENT BY PATIENT

CONSENT FOR OPERATION / PROCEDURE

Part I – Patient's Declaration

I, _____ (NRIC/Passport No. _____),

hereby consent to undergo publication of details on peer review journal

_____ ("Procedure").

I had the information explained to me (and translated in the relevant language/dialect, if necessary) and confirm that I understand the nature of the Procedure, purpose, risks, complications and alternatives with regard to the Procedure. I acknowledge that the risks and complications explained are not intended to be exhaustive. I have had an opportunity to ask for more information about (i) the explained risks and complications; (ii) the risks and complications in general; and (iii) specific concern(s) of relevance to me. I also consent to:

- Any other treatment and monitoring procedures deemed necessary, and further or alternative procedural measures as may be found to be necessary during the course of the Procedure.
- The administration of local anaesthesia, and the use of drugs and medicines as may be deemed advisable or necessary for this Procedure.

I acknowledge that:

- The SingHealth institution (where the Procedure is performed) may collect, use and/or disclose my photographs, video and audio recordings ("Recordings") for the purposes of medical care, education and quality assurance, in accordance with the SingHealth Data Protection Policy (available at <https://www.singhealth.com.sg/pdpa> or via hard copies on request). If the Recordings are to be used for any other purposes, a separate consent will be obtained from me if required by applicable laws.
- The Procedure will be performed by the appropriate SingHealth institution and I will be registered as a patient of that SingHealth institution.
- No representation has been made to me that the Procedure will be performed by any particular Healthcare Professional.

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

27/3/2022

(Date of Signing)

* Please delete accordingly

Part II – Healthcare Professional's Declaration

I confirm that I have explained to the patient, the patient's medical condition as well as the nature, purpose, risks, complications, and alternatives with regard to the Procedure and have addressed queries of the patient.



Frederick Hong-Xiang Koh MCR 18733Z

27/3/2022

(Signature, Full Name, and
Professional Registration/*Employee No.
of Healthcare Professional)

(Date of Signing)

**Only for those without professional registration number*

Part III – Interpreter's Declaration (if applicable)

I, _____, confirm that I have interpreted to the patient, the Healthcare Professional's explanation of the patient's medical condition, nature, purpose, risks, complications, and alternatives with regard to the Procedure and the Healthcare Professional's response to the patient's queries in _____ (language / dialect).

(Signature of Interpreter)

(Date of Signing)