

患者氏名 :
患者 ID :

Consent Form for Surgery

1. Name of your disease and the surgery :
2. Current symptoms :
3. Reason for surgery :
4. Operative method and anesthesia method :
5. Scheduled date of surgery (YYYY/MM/DD) :
6. Other :

If you agree to have the surgery above, please sign below.

I have received a thorough explanation of the surgery above. As a result, I agree to have the surgery. (Even after you sign, you can withdraw your agreement at any time.)

I also agree that appropriate procedures may be taken based on the decision of my doctor.

Date of agreement (YYYY/MM/DD): _____ / _____ / _____

Patient's name : _____ (print)

Patient's signature : _____

Patient's address : _____

Representative's name : _____ (print)

Representative's signature : _____ (relationship to patient: _____)

Representative's address : _____

If you refuse to have the surgery above, please read the following statement. If you understand it, please sign below.

I have received an explanation of the necessity of the surgery; however, I refuse to have the surgery. I will not hold my doctor, doctor in charge of examination, or hospital liable regarding the consequences of my decision.

Date of signature (YYYY/MM/DD): _____ / _____ / _____

Patient's name : _____ (print)

Patient's signature : _____

Patient's address : _____

Representative's name : _____ (print)

Representative's signature : _____ (relationship to patient: _____)

Representative's address : _____

I provided the explanation about the surgery to the person who signed above.

Date of explanation (YYYY/MM/DD): _____ / _____ / _____ **Department:** _____

Attending doctor: _____ **Seal**

I confirm that the patient (or his/her representative) above has agreed or refused to have the surgery by signing this document.

Date of confirmation (YYYY/MM/DD): _____ / _____ / _____ **Department:** _____

Attending doctor: _____ **Seal**

*If the patient is a minor who does not have the ability to agree, or cannot agree and sign because of a lack of consciousness or other medical condition, the signature in the "Representative" section above must be provided by a parent, guardian, responsible adult, or relative.