



Part III

I acknowledge the following:

1. The doctor has explained and I fully understand the proposed anaesthesia, the likely outcome and the risks of this anaesthesia, including the specific risks and the likely outcome.
2. The doctor has explained other relevant anaesthesia options and their associated outcomes and risks.
3. The quoted complications and risks of the procedure are not exhaustive. Rare complications may not be listed.
4. I understand that an anaesthetist other than the explaining anaesthetist may conduct the anaesthesia.

On the basis of the above statements, I agree to have the anaesthesia performed.

Name of Patient/Parent/Guardian (Block Letter)

Signature

Date

Verified by Hospital Staff (Name and Rank)

Signature of Verification

Date

Part IV

Doctor's Declaration:

I have explained the nature, risks and benefits of anaesthesia to be used to the Patient and have answered the questions raised by the Patient / Parent / Guardian. To the best of my knowledge the Patient / Parent / Guardian has been adequately informed and has consented, and the details as such had been documented in the Patient's clinical record.

Name and Doctor's Code of Anaesthetist
(Block Letter)

Signature of Doctor

Date

Interpreter

I, _____ (Block Letter) HKID / Passport No. _____
certify that I have truly, distinctly and audibly interpreted the contents of this document into
(language or dialect) _____, to the Patient / Parent / Guardian.

Signature of Interpreter

Date

Patient's Label
Patient Name: _____
Hospital No: _____
Adm No/Episode No: _____