INFORMED CONSENT FORM
FOR PROCEDURE AND SURGERY AT UKM MEDICAL CENTRE

PATIENT'S NAME Mohamad bin Ali

MRN 450803-14-5011

NRIC / PASSPORT

SEX (MALE) / FEMALE

NAME OF PROCEDURE Open cholecystectomy

DATE OF PROCEDURE 12.5.2015

DECLARATION BY * PATIENT / PARENTS/ GUARDIAN (circle where appropriate)

	Statements	Yes	No
1.	I declare that I have received adequate explanation and understood the benefits and risks of the proposed procedure	✓	
2	I understand that the procedure will be performed by any assigned medical officer who has appropriate experience and qualification	✓	
3	I have been told about additional procedures which may become necessary and needed to be done during the treatment	✓	
4	I understand that any additional procedures not described in this form will only be carried out if there is a dire need to do so and that such a procedure is necessary to save my life or health or that of my child or dependent	✓	
5	I agree that the images and/or video being made of me or my child or dependant may be used by health professionals for future treatment/education and training/ research/ health publications. (please fill the relevant form if agreed)	✓	
6	I have been explained that the risks of procedures may be higher in those with underlying medical problems	✓	
7	I have also discussed the benefits and risks of any available alternative treatment and also the option of no treatment	✓	
8	I have the right to change my mind before the procedure even if the consent form has been signed	✓	

CONFORMATION OF CONSENT

I Mohamad bin Ali fully understand the risks and complications that may occur during or after the operation. I hereby agree to give my consent for the operation on behalf of ____

NRIC / Passport 450803-14-5011
Address Kuala Lumpur

Telephone No
Date 12-5-2015 Signature/ Finger Print

WITNESS

I hereby bear witness that the above information has been explained in front of me to the patient/ parents/ guardian.

Name :
NRIC / Passport :
Date Signature/ Finger Print

CONFIRMATION OF CONSENT

(This section is to be completed when the patient is admitted for the proposed procedure)

Name of Doctor/ Medical Practitioner Dr. Mohd. Firdaus Mohd. Hayab
NRIC / Passport
MPM Number No. MPM 48522

Date 12-5-2015 Signature/ Official Stamp

STATEMENT BY INTERPRETER (If needed)

I have translated all the above information to the patient/ parents/ guardian to the best of my ability and in a manner in which I believe can be understood by the patient/ parents/ guardian

Name :
NRIC / Passport :
Designation : Doctor / Nurse / Medical Student / Relative / Others
Stated if others :
Address :

Telephone No Interpreter Signature