



# Surgery Agreement

**\* Patient Personal Data**

Name : \_\_\_\_\_ DOB : \_\_\_\_\_ mm/dd/yy  
MRN : \_\_\_\_\_ Surgery Physician : \_\_\_\_\_

**■ Surgery Procedures**

1. Clinical Disease/ Condition :
2. Surgery :
3. Reasons of Surgery :

**■ Announcement of Physician**

1. I have already verbally explained to the patient about this surgery and any related information, especially the following certain things:

- Reason of this surgery、 surgery procedure and area、 surgery risk and success; possible of blood transfusion.
- Any complication and treatment
- Other replaced treatment and possible sequel if without doing surgery
- Temporary or a temporal symptom might happen after the surgery
- I have told patient every related information and another surgery

2. I have given patient time doing this questionnaire. List any commentary:

- ( 1 ) \_\_\_\_\_
- ( 2 ) \_\_\_\_\_
- ( 3 ) \_\_\_\_\_

Signature of Physician : \_\_\_\_\_ Date : \_\_\_\_\_ Time : \_\_\_\_\_

**■ Announcement of Patient**

1. The physician had explained to me about this surgery, and I already understood the procedure、 risk and possible success of this surgery.
2. The physician had explained to me, and I already understood the risk if chose another treatment.
3. The physician had explained to me, and I already understood what condition might happen after the surgery also the risk if without doing the surgery.
4. I understood it might do the blood transfusion during the surgery; and I agree disagree it.
5. The physician had already explained to me and solved my questions, which I worry.
6. I understood during the surgery procedure, if any organ or tissue be cut cause of the necessary treatment, the hospital would keep in a certain time for testing and which would be carefully treated.
7. I realized this surgery would be the proper decision for the patient, though the results cannot be guaranteed.

**For all above announcement, I have read and understand this authorization and consent.**

Signature of Guarantor : \_\_\_\_\_ Relations with Patient : \_\_\_\_\_

Patient's address : \_\_\_\_\_ Tel No. \_\_\_\_\_

Date : \_\_\_\_\_ Time : \_\_\_\_\_

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Signature of Witness : \_\_\_\_\_ Date : \_\_\_\_\_ Time : \_\_\_\_\_

**Notice:**

1. General Surgery Risk

- a.> Part of the liver might lose its function, which increase the percentage of chest infection. If during such condition, it might use antibiotic and respiratory.
- b.> Leg might cause blood vessel blockage which also with pain and swelling. Clouted blood might disperse and into the liver, which might cause death, only such kind of condition is unusual.
- c.> Cause the heart endure too much tension, which might effect heart attack or stoke.
- d.> The medical unit and group will endeavor during the surgery and treatment. Not every surgery is successful; somehow the accident might happen and even cause death.

2. If the guarantor isn't same as the patient then please do explain the relations in detail.

3. Please preterm it if without any witness.