

**CONSENT BY PATIENT FOR OPERATION/
TREATMENT/PROCEDURE**

UNIVERSITY MALAYA MEDICAL CENTRE

I _____, Identification Number _____
(Name of Patient)

of _____
(Address)

hereby consent to the * operation/treatment/procedure of Case report to journal

the nature, purpose, effects and risks which have been explained to me by Dr. Lim Soo Kun
(Name of Attending Doctor)

through the interpretation of _____ in Mandarin
(Name of Interpreter)
language / dialect.

The doctor has explained the following (Tick whichever applies)

- ☐ The nature of the operation/treatment/procedure.
- ☐ Sedation need to be given.
- ☐ The reason for the operation/treatment/procedure.
- ☐ The level of expertise used during the operation/treatment/procedure.
- ☐ The benefits of the operation/treatment/procedure.
- ☐ The general and specific risks of the operation/treatment/procedure.
- ☐ The alternatives to the operation/treatment/procedure.
- ☐ The line of action in the event of a complication arising following the operation/treatment/procedure.
- ☒ The patient's freedom of choice.
- ☒ The patient's freedom to ask questions.
- ☐ The patient's freedom to withdraw consent at any time before the procedure is performed.

Additional information discussed between doctor and patient (or as attached).

Patient was informed and explained that his peritonitis case will be
reported to a peer-reviewed journal. Patient understood & was
agreeing

Signature: [Signature] (Patient)

Date: 26-12-2015

Signature: [Signature] (Attending Doctor)

Stamp: A/PROF DR LIM SOO KUN
MMC Full Reg. no. 36871
Consultant Nephrologist & Physician
Department of Medicine
UMMC

Date: _____

Signature: [Signature] (Witness)

Rohana Hidayat (Name)

Date: 26/12/2015

* Strike out where not applicable

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