

## **Mount Sinai Health System** New York

## CONSENT TO SURGERY/ PROCEDURE/TREATMENT AND ANESTHESIA

explained to me, in my preferred language what will happen during and after my care, including any additional Procedures, and/or medications I will receive, including during my recovery. They have also discussed the potential risks, benefits, and alternatives of this care. I further understar that images or sound recordings may be taken or organs, tissues, implants, or body fluids may be removed, examined, and retained for the purposes of medical care and safety improvements. If these are disposed of, it will be done according to our usual practices. I also agree to allo the presence of necessary technical or vendor support persons into the Procedure room for the purposes of my medical care. I have been informed of the likelihood of achieving the proposed goals and the reasonable alternatives to the proposed plan of care including not receiving the proposed treatments. I have been given an opportunity to ask questions, and all my questions have been answered to my satisfaction.  3. 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<sup>\*</sup>The signature of the patient must be obtained unless the patient is under the age of 18 or incompetent.

<sup>\*\*</sup>Throughout this document, the term "representative" refers to a legally authorized representative.



## **Mount Sinai Health System**

New York

## 外科手术/手术/治疗 和麻醉知情同意书

1.	本人特此授权		和			和指定的	的助手
		主治医生/特许服务提供	<u> </u>	联合外科医生/特许服务提供			
	或助理对 (简称"手术")	,包括:	患者姓名或"本人"姓名		执行以下治疗、	外科于不、	于不
	本人手术将由医疗	专业团队共同完成。本人主治医生	生/特权医疗服务提供者或其他指定的特权	医疗服务提供者会在手术	的所有重要部分	在场。本人理	里解,
	在本人医生或指定特 直肠)(如果适用于z		青况下,其他医疗专业人员可能会执行该 <del>1</del>	术的某些部分,包括敏	感检查(乳房、骨	含盆、前列腺	!或
2.	上述主治医生/特许	服务提供者(或其指定代表,如	不适用请留空:	)已	经使用本人的首选	语言充分为	本人说
	明,在本人接受护理	里期间和护理结束后会出现的情况	兄,包括任何额外手术,以及/或者本人会l	收到的药物,包括康复药	5物。他们还讨论	了此次护理的	勺潜在
			比会拍摄图像、录制声音,或移除、检查和				
			些物品。本人还同意允许必要的技术支持 <i>人</i>				
	务。本人已被告知等 问题均得到了充分的		定护理方案的合理替代方案,包括拒绝接受	例:一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	会向医疗团队提问	可,并且本人	.的所有
3.	本人知悉,如果在抗 的额外手术。	丸行上述拟定的手术时发生意外,	本人可能需要接受其他手术。本人同意接	受上述医生或其助手、助	为理、指定特许服务	务提供者认为	可必要
4.		k人感到舒适和保护本人的安全, 人说明这些药物的风险、益处和替	医疗团队可能会向本人提供药物,例如麻 替代方案。	麻酔剂/镇静剂/止痛剂。ネ	本人知悉,在接受	治疗之前,	医疗
5.	(如适用)作为治疗 益处和替代方案。[		需要接受输血或使用血液制品。本人同意	医疗团队已经向本人说明	]接受输血和使用.	血液制品的原	风险、
6.			人的身体器官、组织、植入物或其他体液, 印处置这些物品。□本人不同意。	以用于科学研究或教学	。本人知悉,本人	的身份信息	将被
7.	(如适用)本人同意	意在此次手术中拍摄图像和录制,	<sup>告</sup> 音以用于教学,例如演讲和出版。本人知	]悉,本人的身份信息将	被保密处理。□♯	<b>x人不同意。</b>	
8.	如果适用于此手术,	本人同意允许本人护理团队成员	员出于教育或培训目的进行敏感检查(乳房	号、骨盆、前列腺或直肠 5、骨盆、前列腺或直肠	)。□ 本人不同於	意。	
9.	(如适用)本人同意	意允许经过授权的观察员进入手z	术室或治疗室。□ 本人不同意。				
10.	. 本人已经勾选此文件	牛中本人不同意的内容部分。					
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思行	者,* 监护人或 表**			<u> </u>			
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金	名见证人 -	- 14/11 6				(如适用,请勾)	
提化	供首选语言支持的	正楷姓名	<i>签名</i>	日期	时间	者拒绝使用口	7.译品
	译员姓名或号码	T## 410 / 10 70	Mr. da (Apple 17)		[	(如适用,请勾)	
	$\neg$	正楷姓名和/或号码	签名(如在场)	日期	时间		
	同意接听电话/视	频通话(如适用,请勾选方框	),无需患者/监护人/代表**/口译员签	名。			
•	The Attending Phy	sician or Privileged Provider	who is performing the procedure mus	t sign the certification	below.		
	-	<u>-</u>	ertify that the nature, purpose, benefits, ris	•		cedure have	been
		, , ,	have offered to answer any questions and h	•	•		
			: I have explained and answered. In the ever informed consent process took place. I rem				
		,	, , , , , , , , , , , , , , , , , , ,		9		
_		Print name	Attending Physician/Privileged	Provider Signature	Date	<del></del>	Time
•	If more than thirty	days have passed since this	consent form was signed or the conse	nt conversation was h	eld:		
			affirmed the patient/guardian/representat period since the consent form was signed	•	d certify that there	e has been n	0
		Print name	Attending Physician/Privileged	Provider Signature			Time

<sup>\*</sup>除非患者未满 18 岁或是无行为能力者,否则必须获得患者签名。

<sup>\*\*</sup>此文件中,术语"代表"指的是法定代表。