



OPERASI PERKHIDMATAN SOKONGAN  
PUSAT KESIHATAN UNIVERSITI

CONSENT FOR OPERATION/PROCEDURE

I, \_\_\_\_\_ of (address) \_\_\_\_\_  
\_\_\_\_\_ hereby agree and consent

\*(A) to undergo the operation(s)/procedure(s) of \_\_\_\_\_

\*(B) to the submission of my \*child/ward, \_\_\_\_\_, IC/ID No. \_\_\_\_\_  
to undergo the operation(s)/procedure(s) of \_\_\_\_\_

under (type of anaesthesia) \*general/local/other(s) \_\_\_\_\_  
the nature, purpose and potential risk(s) of which have been explained to me by Dr. \_\_\_\_\_  
through interpretation by (if any) \_\_\_\_\_. I fully understand the explanation given  
and also understand the reasons, consequences and risks of the operation/procedure.

I also agree and consent to any additional or alternative operative measures/procedures as may  
be found necessary during the course of the above mentioned operation(s)/procedure(s) and to the  
administration of general, local or other anaesthesia for any of these purposes.

Signed : \_\_\_\_\_  
(\*Patient/Parent/Guardian)

Relationship: \_\_\_\_\_  
IC/ID No. : \_\_\_\_\_  
Date : \_\_\_\_\_

**Witness:**

Signature : \_\_\_\_\_  
Name : \_\_\_\_\_  
IC/ID No. : \_\_\_\_\_  
Designation : \_\_\_\_\_  
Date : \_\_\_\_\_

**Interpreter (if any):**

Signature : \_\_\_\_\_  
IC/ID No. : \_\_\_\_\_  
Date : \_\_\_\_\_  
Language used: \_\_\_\_\_

No guarantee has been given to me that the operation/procedure/anaesthetic care will be  
performed by any particular practitioner.

I confirm that I have explained the nature, purpose and  
procedure(s) to the \*patient/parent/guardian.

Signed : \_\_\_\_\_  
(\*Medical/Dental Practitioner)

MMC/MDC No.: \_\_\_\_\_  
Date : \_\_\_\_\_  
Stamp : \_\_\_\_\_

**Note:**

- If the person gives his/her consent as a guardian, his/her relationship with the patient should be stated below his/her signature.
- The witness may be another practitioner or a nurse who is not directly involved in the management of the patient nor

**Note:**

Any amendments to the form are to be made before the  
explanation is given and the form is submitted for signature.