

英文版本

國軍高雄總醫院

Kaohsiung Armed Forces General Hospital Surgery

人工植牙手術暨口內銲接同意書

Consent Form of Implantation and Intraoral Welding

* 基本資料 Basic Information

病人姓名 Patient's name _____

病人出生日期 Patient's date of birth _____ 年 year _____ 月 month _____ 日 day

病人病歷號碼 Patient's medical record number _____

手術負責醫師姓名 Patient's medical record number _____

一、擬實施之手術（如醫學名詞不清楚，請加上簡要解釋）

Intended Surgery (If the medical terms are unclear, please provide brief explanations).

1. 疾病名稱 Type of illness :

缺牙 Missing teeth

其他 Other : _____

2. 建議手術名稱 Suggested operation :

以人工植牙及口內銲接方式進行全口重建

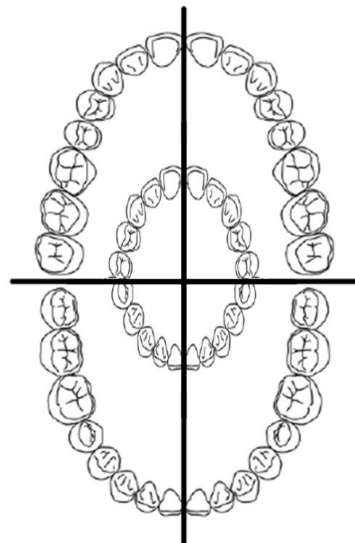
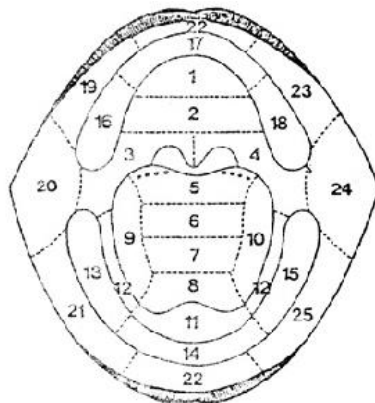
Full mouth reconstruction with implantation and intraoral welding technique

3. 建議手術原因 Reasons for suggested operation :

恢復口腔功能及美觀

Rehabilitation of oral function and aesthetic

4. 手術區域示意圖 Surgical area diagram :



二、醫師之聲明 Doctor's Statements

1. 我已經儘量以病人所能瞭解之方式，解釋這項手術之相關資訊，特別是下列事項：

I have, to the best of my ability, fully informed the patient about the surgery, especially the following matters:

需實施手術之原因、手術步驟與範圍、手術之風險及成功率、輸血之可能性

Reasons for suggested surgery, surgical process and scope, risks and success rate, and the possibility of blood loss

手術併發症及可能處理方式：_____

Possible complications and treatments for the complications: _____

不實施手術可能之後果及其他可替代之治療方式：活動式假牙

Consequences of not operating and alternative treatments: removable denture

預期手術後，可能出現之暫時或永久症狀

Short-term or long-term conditions that might be expected after the surgery

如另有手術相關說明資料，我並已交付病人

I have provided written information concerning the surgery (if available) to the patient

2. 我已經給予病人充足時間，詢問下列有關本次手術的問題，並給予答覆：

I have given the patient sufficient time to ask questions regarding the surgery and answered them as such:

(1) _____

(2) _____

(3) _____

手術負責醫師簽名：

日期： 年 月 日

Signature of chief operating surgeon:

Date: year month day

時間： 時 分

Time: hour minute

三、病人之聲明

Patient's Statements

1. 醫師已向我解釋，並且我已經瞭解施行這個手術的必要性、步驟、風險、成功率之相關資訊。

The doctor has explained and I understand the necessity, process, risks, success rate, and other information regarding the operation.

2. 醫師已向我解釋，並且我已經瞭解選擇其他治療方式之風險。

The doctor has explained and I understand the risk of choosing other possible treatments.

3. 醫師已向我解釋，並且我已經瞭解手術可能預後情況和不進行手術的風險。

The doctor has explained and I understand the possible situations that might occur after the surgery and the risks of not undergoing surgery.

4. 我瞭解這個手術必要時可能會輸血；我同意 不同意 輸血。

I understand there might be blood loss at crucial times. I consent do not consent to a blood transfusion.

5. 針對我的情況、手術之進行、治療方式等，我能夠向醫師提出問題和疑慮，並已獲得說明。

I have been able to communicate my questions and misgivings regarding my situation, the surgical process, and treatment method, etc., to the doctor and have received adequate explanation.

6. 我瞭解在手術過程中，如果因治療之必要而切除器官或組織，醫院可能會將它們保留一段時間進行檢查報告，並且在之後會謹慎依法處理。

I understand that during the surgical process, if it is necessary to remove certain organs or tissues to aid with treatment, the hospital will preserve it for a duration of time to study and judiciously dispose of at a later date.

7. 我瞭解這個手術可能是目前最適當的選擇，但是這個手術無法保證一定能改善病情。

I understand that, as of right now, this surgery is the best possible choice, but that there is no guarantee that it will improve the condition of my illness.

基於上述聲明，我同意進行此手術。

In accordance with all agreements above, I give my consent to this surgery.

立同意書人簽名：

Signature for Consent:

住址：

Address:

日期： 年 月 日

Date: year month day

見證人：

Witness:

日期： 年 月 日

Date: year month day

關係：病患之

Relation: Patient's:

電話：

Telephone number:

時間： 時 分

Time: hour minute

簽名：

Signature:

時間： 時 分

Time: hour minute

附註：

Additional Comments:

一、一般手術的風險

Risks of General Operations

- 1.除局部麻醉以外之手術，肺臟可能會有一小部分塌陷失去功能，以致增加胸腔感染的機率，此時可能需要抗生素和呼吸治療。

Excluding operations employing local anesthesia, there is the possibility the lungs will partially collapse and lose function, increasing the risk of infection in the thorax. At this time, antibiotics and respiratory treatments may be needed.

- 2.除局部麻醉以外之手術，腿部可能產生血管栓塞，並伴隨疼痛和腫脹。凝結之血塊可能會分散並進入肺臟，造成致命的危險，惟此種情況並不常見。

Excluding operations employing local anesthesia, there may be blockage of blood vessels in the legs causing possible pain and swelling. Although rare, blood clots could form and spread to the lungs, threatening the patient's life.

- 3.因心臟承受壓力，可能造成心臟病發作，也可能造成中風。

Pressure to the heart could trigger heart attack or stroke.

- 4.醫療機構與醫事人員會盡力為病人進行治療和手術，但是手術並非必然成功，仍可能發生意外，甚至因而造成死亡。

The medical organization and medical staff will treat and operate on the patient to the best of their ability. No guarantee is given for the success of the operation and unforeseen situations, including death, could occur.

二、立同意書人非病人本人者，「與病人之關係欄」應予填載與病人之關係。

If the person who consents to the operation on this form is not the patient, please indicate your relationship to the patient in the section entitled "Relationship to Patient."

三、見證人部分，如無見證人得免填載。

To be filled in by witness. If there is no witness, please do not fill in.

手術術前作業靜止期查核表 TIME-OUT Check List：

- 核對病人姓名與生日 Correct patient's identity and date of birth
- 核對進行的手術術式 Check procedure type
- 核對手術及 X 光片上之部位 Correct side/site of procedure and X-ray
- 確認手術文件簽署之完整性 Informed consent obtained
- 確認手術器械完備 Correct equipment available

查核人員簽名 Signature for staff calling" TIME-OUT"：

醫師 Operator: _____ 助手 Assistant: _____

日期及時間 Date/Time: _____/_____/____ :_____