

TAIWAN ADVENTIST HOSPITAL

Endoscope Examination with Painless Anesthesia

Informed Consent and Instruction for Self-paid Anesthesia

Name of Patient:

Number of Medical Record:

Examination Date: DD MM YY

Please pay for the anesthesia at cashier counter No. 8 on 1st floor. Code: GI2000B

Anesthesia Method: General Anesthesia (Intravenous Injection)

※※Anesthesia Procedure:

1. To guarantee your safety, a monitor will be applied before the anesthesia which will monitor life signs during the procedure.
2. The medical personnel will place an intravenous catheter in your arm for injecting the anesthesia drugs.
3. The dose contains drugs for soothing intestines and stomach peristalsis, pain relief and sedation. Drug category and dosage will be adjusted according to individual condition.
4. Patients will be sent to the recovery room after the examination until the medical personnel confirms their physical condition is appropriate for hospital release.
5. The anesthesia charge of NT\$3,500 is not covered by National Health Insurance. Patients choosing to take anesthesia must pay at their own expense.

※※Attention:

1. Patients undergoing anesthesia must fast 8 hours before procedure. Cathartic for colonoscopy examination is excluded in this limitation. Some water is allowed if patients need to intake prescribed medication, such as for hypertension. Please do not take food or water 4 hours before anesthesia.
2. Please do not wear lipstick or nail polish. Remove metal objects, contact lenses, denture, etc., before procedure.
3. Avoid driving or operating a scooter, and it is suggested to arrange transportation, as general anesthesia will make body sensibility slow even after awakening.
4. It is allowed to take some water one hour after awakening from anesthesia; Food can be taken if there is no dizziness or nausea.
5. Consultation: (02) 2771-8151 ext. 2561 Anesthesiology Department

The patient or patient's family has fully understood the above instructions and restrictions and agrees to pay for the expenses for painless anesthesia without dispute.

Signature of the Patient/Patient's Family:

ID card No.:

Address:

Tel:

Relationship to the Patient: