

Application for Bringing Assistant for Surgical Procedures in the OT

Information of Applicant

Name of Applicant: (Prof./Dr.) _____ Sex: _____
(Block letters - Surname, Given Name) (In Chinese)

Contact No. _____ HKID No. _____ Dr. Code: _____

Specialty: _____ Email: _____

Type / Nature of operation: _____

Date(s) of operation / Period of application (i.e. max. period of grant date is 1 year): _____

Name of patient: _____

Name of assistant: _____ Sex of the assistant: _____

Academic qualifications / training / experiences of the assistant: _____

Professional registration no. (e.g. HK Nursing Council) (if applicable): _____

Please state reason(s) for bringing your own assistant: _____

Undertaking by the assistant:

I, the above named assistant, hereby agree to abide by the Hospital Policy when I assist the operation under the care of Dr. _____ on the aforesaid day(s). I understand that I will not be covered by the Hospital's current third party insurance during the aforesaid period in the Hospital.

Signature: _____ (Assistant) Date: _____

Undertaking by the attending doctor performing operation on the patient:

I, _____ am carrying out the above operation. I shall bear full responsibility for my assistant's attendance during the operation. I confirm that [***the patient has given permission / I shall seek permission of the patient***] to allow my assistant to assist in the operation. (**Please delete as appropriate*)

Signature: _____ (Attending doctor) Date: _____

(For Hospital Use Only)

* Approved / Not Approved : Signed by: _____ Date: _____
(Hospital Chief Executive Officer / Designee)

Reviewed by: _____ Signature: _____

Grant date / period of the application: _____

Remarks: _____