

	Military Insurance
	Military Recuperation
	Military Dependants
	Health Insurance
	Self-Payment
	Military Service
	Other

Name:
Sex:
MRN#:
Age:

Hualien Armed Forces General Hospital

Patient's Letter of Consent for Using an Addictive Anesthetic

Date:

The patient has stated that he/she is suffering from _____ after diagnosis and having chronic pain, which he/she cannot stand, needs to use an addictive anesthetic _____ for a long-term period after deliberate evaluation. Since the anesthetic is addictive, the patient needs to observe the physician's prescription.

Physician:

I fully understand the various side effects of the addictive anesthetic and notes of taking it after the physician's explanation, and would like to accept the treatment as per your hospital instructions, and observe the principles as follows:

- (1) Under any condition, I will not actively ask a physician to prescribe any addictive anesthetic.
- (2) If, after use, I become addicted I would like to accept related de-addictive treatment.
- (3) If I accept the same type of medicine at another medical institute, I will advise the attending physician.
- (4) If I stop using the medicine for some reason, I will return the unused portion according to the regulations of the hospital.

Name of the Patient:

Id. No.:

Tel. No.:

Address:

Witness:

Id. No.:

Tel. No.:

Address: