



北京时珍堂医院

Tel: +86-10-83614932

Address: 198 Fengbao Road, Beijing, China 100160

BAC Medical Tourism

Beijing Shizhentang Hospital

Fax: +86-10-83614989

Informed Consent for Lumbar Puncture

Full Name:

Sex: Male

Age:

Nationality:

Diagnosis:

I, _____, acknowledge that my doctor has explained to me that I will have an operation, diagnostic or treatment procedure. My doctor has explained the risks of the procedure, and told me about the expected outcome. I also understand that anesthesia services are needed so that my doctor can perform the operation or procedure.

Generally this operation is safe, but the following possible risks may be possible during or after the operation. Serious complications of a properly performed lumbar puncture are extremely rare.

- Headache and nausea
- Anesthetic failure
- Bleeding in the puncture area
- Infection of the puncture area or central nervous system
- Trauma to the spinal cord or spinal nerve roots resulting in weakness or loss of sensation
- Injury of surrounding tissue and viscera
- Cardio/ Cerebral vessels accident
- Spinal or epidural bleeding
- Puncture failure
- Other unexpected risks



時
珍
堂

北京时珍堂医院

Tel: +86-10-83614932

Address: 198 Fengbao Road, Beijing, China 100160

BAC Medical Tourism

Beijing Shizhentang Hospital

Fax: +86-10-83614989

In signing this informed consent form, I indicate that I understand the nature of lumbar puncture and its complications, as explained in the paragraphs above and by my doctor or the doctor performing the procedure, and consent to the performance of this procedure on me.

Signature of Patient/Relative/Guardian:

Signature of Doctor:

Date: