AFFIDAVIT

ven Guo, translator in the City of Toronto, Province of Ontario, make oath
I am fluent in both Chinese and English.
I have translated the annexed documents and carefully compared the translations from Chinese into English with regard to the following documents:
Admission Reservation Certificate, Surgical Note Admissic
The said translations are, to the best of my knowledge and ability, the complete and correct translations of said documents.
N before me Regional Mui.
day of Nov., 2074 Wuwen Guo

Yunnan Cancer Hospital The Third Affiliated Hospital of Kunming Medical University

Admission Reservation Certificate

				Outpatient No.:	U
Name:	Gende		YDDY	Inpatient No.	
Contact No.	Proposed Admission >-		ID No.: (Reservation	Registration	Time:
Outpatient Diagnosis: Malig	gnant Tumor	in the Upper Lobe of	the Right Lung		
Admission Dept.: Minimally Interventional Medicine Precautions for Admission:	y Invasive I Please bring t	Admission Ward: Nurselland Nurselland Admission Ward: Nurselland Invasive Interventional Admission Ward: Nurselland Invasive Intervention Ward: Nurselland Invasive Invasive Intervention Ward: Nurselland Invasive I	se Station of Minimally All Medicine	Admission bed:	nce card
when handling nospitalization	on procedures	<u>S.</u>			<u> </u>
Services Required after Admission: Stretcher□ Wheelchair□ Remarks: Please pay the hospitalization deposit on the first floor of Building 3 or follow the official WeChat account of the hospital.					
Signature for Payment and Accou	unting (by the C	Cashier's Office)Physician	's Signature and Phone		
	Seal:				
	The Third	Af			

Barrister, Solicitor and Notary Public

Tel: 416-409-2071

Add:87 Legends Way, Markham, ON. L3R 5Z9

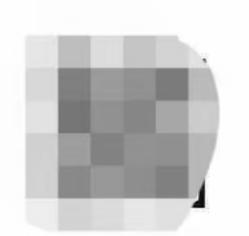
Yunnan Cancer Hospital The Third Affiliated Hospital of Kunming Medical University Yunnan Cancer Center

		Surgi	cal Note	e		
Name:	Dept.: Minimally Invasive Interventional Medicine	Bed No	Gender: Female	Age:	Second.	Admission No.:
Operation Time:				Value - Landon - Land		
Preoperative Diagnosis:	Malignant Tumor of th	e Left Lung				
Post-operative Diagnosis:			Malignant '	Tumor in the	Upper Lobe of t	the Right Lung, pT1cN0M0,
	2. Hypertension, Grade					
Nama of the One	3. Type 2 Diabetes Me					
Name of the Operation:	Percutaneous Microwa		f Pulmonary	Lesions unde	er DSA	
Surgeon: Anesthesia Method:	Assista		2. 3.			
Anesthesiologist:	Local Anesthesia Ane		: Lidocaine	Dosage: 20 r	nl	
9. 9. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.		Nurse: _	Cir	culating Nurse	e: T	Instrument Nurse:
Operation Site:	Left Lung					
Start Time of the Operation	End Tir	ne of the Oper	ration.		Workload of the	Operation: 1 hour
Infusion: 0 ml	Blood 7	ransfusion: 0	ml	10000	Medication duri	ng the Operation: Lidocaine
disinfection and draping with satisfactory local anesthesia, the fluoroscopy of DSA. After the fluoroscopy of DSA. After connected, and ablation was obvious and the gasification was obvious ward was performed. After the patient had no discomfort Body Position: Autonomous Incision Suture Method: - Nat Drainage: Name of the Drainage: Name of the Drainage: Patient's Condition at the End Gross Appearance of the Pathe	er repeated scanning, the carried out at 40W for 5 mous, considering complete e operation, CT review shound returned to the ward some of the Intervention Mainage Material: - Numbof the Operation: Good	tip of the near tip of the near the ablation. The owed that the safely. The later in the safely. The safely safely. The safely. The safely saf	edle was for repeated sca ablation need ablation need patient had a contract the contract of t	and to be locanning, the derection of the was removed to be locally and the derection of the locally and the locally are locally and locally and locally are locally and locally are locally and locally are locally and locally are local	ted into the left lated in the tumously of the tumously of the tumously ed, and the pair rax. The operation	lung lesion (1 needle) under or. The ablation needle was or was found to be increased a score after returning to the on process was smooth, and
	S.	eal: Y			Docto	or's S
	31	cal. I				
				1		
	Seal: Yunna					
	, Ju	unp 10.				
				3 3		

Yunnan Cancer Hospital Yospital of Kunming Medical University Yunnan Cancer Center

Admission Record for the Second Hospitalization

Name:	Dept.: ! Bed ! Interventional Medicine D	: Gender: Female Age: .	Second Admission	Admission No.:
1. Invasive Adenoce the Upper Lobe of the 2. Hypertension, Graduate 3. Type 2 Diabetes No. Signature of physicians of the Signature of the Sig	Mellitus		he Right Lung, p ade 3 Mellitus	Malignant Tumor in T1cN0M0, Stage IA3
	Seal:			
	Seal:			
			37	



南 护护 医 院

门诊号:

7 247

住院号:

V - 3 - 10 - 10 - 10 - 10 - 10 - 10 - 10				- 11PU 3.
姓名:	性别:	年龄:	身份证:	
联系电话:		拟入院日期	. 4	预约登记时间:
门诊诊断:	右肺上叶恶性肿瘤			
收住科室:	科	收住		收住床位:
入院注章事	项: 办理住院时请备齐患者身	1 1		
λ	的服务: 担			
备注	娄一楼或关注医院公众号缴纳	主院预		
(ai-t				
缴割	由出纳室)签章		医师签名及电话:	

..... uocument





云南省肿瘤医院 昆明医科大学第三附属医院 云南省癌症中心

Yunnan Cancer Hospital & The Third Affiliated Hospital of Kunming Medical University & Yunnan Cancer Center

姓名: 科室: 三学科 床号: 性别: 岁 年龄: 第2次住院 住院号:、

手术时间

手术前诊断: 左肺恶性肿瘤

手术后诊断: 1.右肺上叶恶性肿瘤浸润性腺癌 pT1cN0M0 IA3 期

2.高血压3级 3.2 型糖尿病

手术名称 DSA 下经皮肺病损微波消融术

手术医师 助手: 1-3:

麻醉方式 局麻 麻醉剂: 利多卡因 量: 20ml

麻醉医生 洗手护士: 巡回护士: 器械护士:

手术部位 左肺

手术开始时间: 手术结束时间:

手术工作量: 小时

输液: Oml

输血: Oml

术中用药: 利多卡因

手术所见和步骤:患者术前静脉推注舒芬太尼 5ug。患者俯卧位,Dany-CT 旋转下行左侧部三位扫描重建,明确肿瘤位 置、进针路径及进针深度,行体表标记,以标记点为中心常规消毒铺巾后,以2%利多卡因局部浸润麻醉,局麻满意后, 在 DSA 透视下以 10 微波消融针穿刺入左肺灶(女),复扫描见针尖位于肿瘤,连接消融针, W, 持续消融 5 分钟, 复扫描见肿瘤密度增高, 气化明显, 考虑完全消融。拔除消融针, 返病房疼痛评分分。术后 CT 复查患 者无气胸。手术过程顺利,患者无不适,安返病房。

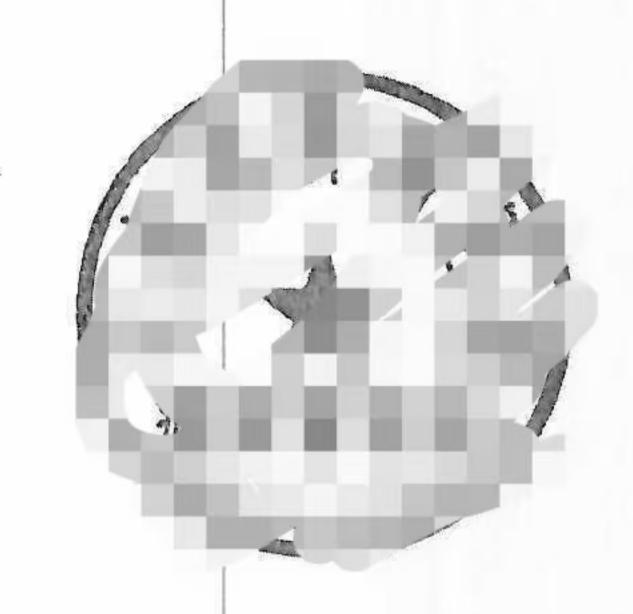
体位: 自主 皮肤消毒: 碘伏 切口: I类 出血量: 0ml

切口缝合方法: -介入物名称: 微波消融 放置部位: -

引流材料名称: - 引流材料数目: -引流:

手术终了时病人情况:良好

病理标本肉跟所见: -



医生签名.



云南省肿瘤医院 昆明医科大学第三附属医院 云南省癌症中

Yunnan Cancer Hospital & The Third Affiliated Hospital of Kunming Medical University & Yunnan Cancer Center

姓名:

科室:

_联网病区 床号:

性别:

年龄: 岁

岁 第2次住院 住院气

1. 右肺上叶恶性肿瘤浸润性腺癌 pT1cN0M0 IA3

期

2. 高血压 3 级

3.2型糖尿病

医师签字

- 1. 右肺上叶恶性肿瘤浸润性腺癌。
- 2. 高血压 3 级
- 3.2型糖尿病

医师签字:

