

I \_\_\_\_\_

Case Paper No. \_\_\_\_\_ Register number \_\_\_\_\_

in \_\_\_\_\_ hospital

give consent for my own / relative's \_\_\_\_\_

medication / investigation / anaesthesia / operation / therapy / procedure.

- 1) The necessity of this medication / investigation / anaesthesia / operation / therapy / procedure, the ill effects if this is not performed; hazards and complications in the therapeutic modalities other than operation have been explained to me by Dr. \_\_\_\_\_
- 2) I have been explained clearly that any medication / investigation / operation / therapy is not totally safe and that such procedure or anaesthesia can be a risk to life of an otherwise healthy person also.
- 3) Doctors have explained to me that excessive bleeding, infection, cardiac arrest, pulmonary embolism and complications like this can arise suddenly and unexpectedly while undergoing medication / investigation / operation / therapy / procedure or anaesthesia.
- 4) I give consent for any change in the anaesthesia or operative procedure as well as for removal of any organ as deemed necessary by the Doctors at the time of medication / investigation / operation / therapy / procedure.
- 5) I am aware that after medication / investigation / operation / therapy / procedure and anaesthesia instead of desired benefit some complications e.g.

\_\_\_\_\_  
\_\_\_\_\_

and I believe that to avoid such complication appropriate care shall be taken by

Dr. (Surgeon) \_\_\_\_\_

Dr. ( Anaesthetist) \_\_\_\_\_

or any other doctors appointed by them.

I have understood the aforesaid and I willingly give my consent.

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

Time : \_\_\_\_\_

Witness :