



**Satayu Nursing Home | Regd. No CE182/19**

Mahatab Road, Dolamundai, Cuttack, PIN - 753001

Ph. 0671-2910277, website : [www.satayunursinghome.in](http://www.satayunursinghome.in)



I **RAMACHANDAR SAHOO** Indoor Patient under treatment **DR.SUJATA BHOLA** in **Satayu Nursing Home** give consent for my won / relative **HARI MALLICK** Medication / Investigation / Operation / Therapy / Procedure.

1. The necessity of this Medication / Investigation / Operation / Therapy / Procedure the.... effectif this is not performed, hazards & complication in the ... other than operation have been explained to me by Dr **DR.SUJATA BHOLA**
2. I have been explained claerly that any Medication / Investigation / Operation / Therapy is not totally safe and that such procedure or anesthesia can be risk to life.
3. Doctor has explained to me that excessive bleeding , infection ,.... and complication like this can arisesuddenly and unexpectedly while under going Medication / Investigation / Operation / Therapy / Procedure of anaesthesia
4. I give consent for any changein the anaesthesia or operative procedure as for removal of any organ ,as..... necessary by the doctors at the time of Medication / Investigation / Operation / Therapy / Procedure.
5. I am made aware that after Medication / Investigation / Operation / Therapy / Procedure and anaesthesia instead of desired benifit some complication e.g. **Label** and I believe that to avoid such complications care shall be taken by Dr.Surgeon **Label**Dr.Anaesthesist **Label** or any other Doctor appointed by them.

I have understood of aforesaid and I, willingly, give my consent.

Witness **Label**

Signature **Label**

Date **Label**

Time **Label**