

Name: Soniya Singh

District: Hardoi

Blood Center: Blood Center F

Treatment Center: Best Hospital Center

Block: BLOCK LEVEL 1

Room No: Room 301

Doctor Name: Dr. Harshit Gupta

Doctor Address: Latouche Road

I, Soniya Singh, give my consent to the above-mentioned Blood Center to share my health and treatment-related details with the appropriate Treatment Center, if required. I understand the purpose of this and agree to the terms voluntarily.

Signature: _____

Date: 20/05/2025