

Name: Rinku Singh

Blood Center: Blood Center K

Treatment Center: King George Wellness Center

Block: Block B

Room No: Room 201 (Dr. Manish Gupta)

Doctor Address: 11 Street

I, Rinku 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