**USG guided pleural effusion tapping**

Date: {pat-date}

Name of patient: {patname}

Age/sex: {patage}

I/We relative of patient {patname}have been explained in our language the need and procedure of USG guided tapping of pleuraleffusion**.** I/We have been explained the risks and all possible complications of pre procedure medication, intra-procedure and post procedure complications. I/We give our consent for the same. I/We will not hold the doctors, staff or hospital responsible any consequences of the procedure.

**CONTACT: PATIENT SIGNATURE :**

**RELATIVE NAME : RELATIVE SIGNATURE :**