



BHARATHBRANDS PRIVATE LIMITED

GHANA HEALTH SERVICE,P.O. BOX-23, PEKI V/R

CONSENT FOR CHEMOTHERAPY

PATIENT NAME	Raghu Kumar	PATIENT NHIF ID	nhif1234
DATE	03/10/2023	PATIENT NATIONAL ID	nat1234
TIME	12:24 PM	PATIENT EMAIL	suresh@gmail.com
DIAGNOSIS	Diagnosis		
CHEMOTHERAPY PROTOCOL TO BE GIVEN WITH DOSAGE			

1. I have been informed by Dr Mantu that i have All

& the above mentioned chemotherapy is recommended to the as treatment for the same.

2. The doctore has explained to me, in details the purpose of chemotherapy, the methiod, dosages, duration of treatment & adminstration of drugs, possible side effects, risks & benefits of the chemotherapy to be given to me

3. The nurse & the doctor both have explained to me all the emotional clinical & social aspects related to my undergoing the chemotherapy & concure with the same

4. I understand that there is no ICU/HDU unit within this chemotherapy centre and in case of an emergency, undertake to bear the cost of transfer to another medical facility of my choice at own cost. meant to the centre.

5. I hereby give my consent to the doctor & the nurse to adminster chemotherapy

The communication language used: ENGLISH: KISWAHILI:

PATIENT'S SIGNATURE	sharma	PATIENT/LEGAL RELATIVE/RELATIONSHIP SIGNATURE	mantu
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Witness: witness

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