



OLJABET HOSPITAL NYAHURURU

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'Healthcare that cares'

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BIOPSY CONSENT FORM

Date.....

Name of the Patient.....

I Relationship

Of ID Number Signature.....

Contact/.....have Agreed to collect

the biopsy of(patient name)

and take for **Histology** and Later bring the results.

Theatre Tech/Nurse Issued Name

Signature..... Contact.....

Witness/Relative Name.....Sign.....

Contact.....