

I, the undersigned doctor chief surgeon the surgical team member have fully explained the nature, potential risks and complications, intended benefits, expected post-procedure course, drawbacks and possible alternatives to the planned

*Right Hand for Males & Left Hand for Females. | *جایدہ کے لئے گھٹی ڈکٹر جس کا انتخاب کیا جائے گا جس کے لئے گھٹی ڈکٹر

Reason for surrogate	Signature / Impression	Date / Time	Consent minor:	Patient is unable to give consent because/is a	Witness / Guardian or Surrogate / Tick whichever applicable	Date / Time	Interpreter (if applicable)

Patient میراث	Signature / Impression	Date / Time	Signature / Impression	Date / Time	Interpreter (if applicable)

I, the above named Patient/named Patient's relative/relative, do further hereby declare that I am above 18 years of age as on the date of signing this form, mentally sound and am giving consent without any fear, threat or false misconception.

Having read the above mentioned patient's name and his/her team members for carrying out the said operation on me, myself or my above named patient being fully aware of the nature, potential risks, complications, drawbacks intended benefits and possible alternatives of the same.

I/we give consent voluntarily to the doctor and his/her team members for carrying out the said operation on

Relation with Patient | میراث کے راستے:

Signature of Patient's Relative/Witness | میراث کے راستے کا نامہ