NABH ACCREDITED

MGM
NEW BOMBAY HOSPITAL, VASHI
Plot No. 35, Sector 3, Vashi, Navi Mumbai - 400703
Tel.: (022) 5066 6777

JCI ACCREDITED

MR KIRAN BHAGWAN TAWARE
UHID MGM240017131 IPD . MGMIP2406720
Age/Sex 56 Years /M DOA 05/10/2024
BED TICU-008 WARD TIC
DR DR.PRASHANT ATHALE

HIGH RISK CONSENT FORM

(FOR PROCEDURE / SURGERY)

Name of Patient _____ UHID _____

IP No. _____ Age _____ Sex _____ Ward _____

Name of Consultant _____

We have been explained in our own language that we best understand about the procedure / Surgery to be done on my patient **Mr./Ms./Mrs.** _____ any other alternative operative measures which may be required to be done during the course of such operative measures for the well - being of our patient. We have also been informed about the complications that may be arising from Anesthesia or operative procedures / Surgery and our patient stands high risk for the procedure in view of perforation, Peritonitis on ventilatory support.

We agree that we will not hold hospital Doctors or Hospital Staff members or Authority responsible if any untoward incident happens during or after procedure / Surgery.

	Signature/Thumb Impression	Name	Date	Time
Patient				
Surrogate/ Guardan or Witness (Whichever applicable)	1. 2.	Write name and relationship with patient	5/10/24	3pm

Doctor	Name	Signature	Date	Time
1-	Dr. Prashant Athale		5/10/24	8.30pm