



MGM NEW BOMBAY HOSPITAL, VASHI

MRS LALITA RAVINDRA LOKHANDE
HID : MGM16035596 IPD : MGMIP2406662
ge/Sex : 68 Years /FDOA : 03/10/2024
ED : 806 WARD : SAUN
R : DR.K RAJMOHAN

Organisation accredited by
Joint Commission International
JCI ACCREDITED

I further consent and agree to being transferred to any other Hospital, as considered fit by my Doctor, during anytime of the treatment, if any Doctor / Doctors feel that it is beneficial for any recovery.

I further state that I have informed the Doctor of all my previous illnesses, allergies, drug reactions, surgical procedures and all other facts relevant to my treatment, I shall not hold the Hospital or the Doctors responsible for the consequences, which may arise from the no disclosure of the same.

I have seen the schedule of all charges and the same are acceptable to me and I undertake not to leave the Hospital until full and final settlement of all dues has been made by me.

I have fully understood the rules & regulations of the Hospital and I agree to abide by the same.

The above has been explained to me and I have fully understood the same and I am signing this consent cum undertaking by my own free will and in a fully alert state of mind.

Signature of witness

Signature of patient

Signature of guardian if patient is a minor,
of unsound mind or
unconscious.

Date: 30/10/24

Authorised signatory for Hospital

Time: 12:30 pm

I have personally explained the contents of the above consent undertaking form to the patient / his relative in English language and after fully understanding the contents therein as explained by me he / she and signed the same-in my present.

Name Minal

Signature of the Interpreter