

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. | * يُرجى أن تأكِّل على يد المريض في حالات الإناث

Reason for Surrogate	Patient is unable to give consent because/s is a minor : <u>مما يتعذر على المريض إعطاء موافقة قانونية</u>	Date Time	Witness / Guardian or Relative : <u>أم العاشر</u>	Reason for Surrogate	Patient is unable to give consent because/s is a minor : <u>مما يتعذر على المريض إعطاء موافقة قانونية</u>	Date Time	Witness / Guardian or Relative : <u>أم العاشر</u>
Interpreter (if applicable)				Interpreter (if applicable)			
Witnesses (Tick whichever applicable)	Write relationship with patient.	2.	Witnesses (Tick whichever applicable)	Write relationship with patient.	2.		
Surrogate / Guardian or Relative	<u>Daugther</u>	12/10/23	Surrogate / Guardian or Relative	<u>Daugther</u>	12/10/23		

Signature / Thumb Impression / Date Time	Full Name <u>أم العاشر</u>	Signature / Thumb Impression / Date Time	Full Name <u>أم العاشر</u>	Signature / Thumb Impression / Date Time	Full Name <u>أم العاشر</u>
Surrogate/Guardian/Relative	Write relationship with patient.	2.	Surrogate/Guardian/Relative	Write relationship with patient.	2.
Interpreter (if applicable)			Interpreter (if applicable)		

I, the above named Patient/named patient's representative, 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.

I/we give consent voluntarily to the doctor and his/her team members for carrying out the said operation on myself or my spouse 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 myself or my spouse named patient being fully aware of the nature, potential risks, complications, drawbacks intended

Relationship with Patient | أم العاشر | Date: 12/10/23

Signature of Patient's Relative/Witness | أم العاشر