

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. | *جھاٹ کی لہر گزیں گے اسکی اور اسکی کوئی پارٹ کی لہر گزیں گے۔

Patient Information			
Signature / Thumbprint	Impression*	Full Name નામ જાતીયતા	Date તારીખ

I, the above 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.

benefits and possible alternatives of the same.

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

Relationship with Patient Family Friend Relative Workmate Other _____

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