



MES MEDICAL COLLEGE

PERINTHALMANNA

DIGITAL CONSENT FORM

PATIENT DETAILS:

Name: 1

Doctor: Dr Sajid

Age: 11

Consent ID: 15

MRN: 1234

Date: 2025-11-06 16:37

CONSENT REQUIRED FOR:

Biopsy - English

ബയോപ്സി - English

PROCEDURE/REASON DETAILS:

(Taking a piece of the patient's skin for diagnosis)■

Complications caused by this method include excessive bleeding, pus, pain, allergy to the numbing medicine, ■ and delay in wound healing, the doctor said. ■

I understand that. So I agree with this method of treatment.

(Taking a piece of the രോഗി's skin for രോഗനിർണ്ണയം)■

Complications caused by this method include excessive രക്തസ്രാവം, pus, വേദന, allergy to the numbing മരുന്ന്,■ and delay in wound healing, the ഡോക്ടർ said.■

ഞാൻ മനസ്സിലാക്കുന്നു that. So ഞാൻ സമ്മതിക്കുന്നു with this method of ചികിത്സ.

DECLARATION:

I hereby acknowledge that:

- I have read and understood the consent form
- All my questions have been answered satisfactorily
- I voluntarily consent to the procedure/treatment ■

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SIGNATURES:

Patient/Relative Signature:

Doctor's Signature:



Signed at: 2025-11-06 16:37:58

Name: Rahul R

Relationship: Self



Signed at: 2025-11-06 16:37:58

MES Medical College, Perinthalmanna

Digital Consent System - Generated Electronically