



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

വയാളേപ്പണി - 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 രക്തംഞ്ചരാവം, pus, വരേര, allergy to the numbing മരുന്ന്, and delay in wound healing, the ഡോക്ടർ said. ■

ഈ മനസ്സിലാക്കുന്നതു that. So ഈ സമർത്ഥിക്കുന്നതു 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:



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

Name: Rahul R

Relationship: Self

Doctor's Signature:



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

MES Medical College, Perinthalmanna

Digital Consent System - Generated Electronically