



# MES MEDICAL COLLEGE

## PERINTHALMANNA

### DIGITAL CONSENT FORM

#### PATIENT DETAILS:

Name: Arun S Doctor: Dr Sajid  
Age: 12 Consent ID: 16  
MRN: 1234 Date: 2025-11-06 16:42

#### 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 രക്തംഞ്ഞാവം, pus, വരേര, allergy to the numbing മരുന്ന്, and delay in wound healing, the ഡോക്ടർ said. ■

ഈ മനസ്ത്വിലാക്കുന്നു that. So ഈ 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

**MES MEDICAL COLLEGE**  
**PERINTHALMANNA**  
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**SIGNATURES:**

**Patient/Relative Signature:**

**Doctor's Signature:**



Signed at: 2025-11-06 16:42:47

Name: Rahul R

Relationship: Father



Signed at: 2025-11-06 16:42:47

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**MES Medical College, Perinthalmanna**

Digital Consent System - Generated Electronically