

MES MEDICAL COLLEGE
PERINTHALMANNA
DIGITAL CONSENT FORM

PATIENT DETAILS:

Name: 111

Doctor: Dr Sajid

Age: 11

Consent ID: 23

MRN: 1234

Date: 2025-11-07 12:16

CONSENT REQUIRED FOR:

Benzathine Penicillin - English

Benzathine Penicillin – English

PROCEDURE/REASON DETAILS:

Name: Age: OPNo: The doctor has informed me that Penicillin injection is required for treatment. I have also been assured that the injection will be given after a 45-minute delay after a test dose is given to the hand to check whether there is an allergy before taking this injection. Although this injection is rare, allergic reactions such as rash, redness, runny nose, cough, shortness of breath, dizziness, abdominal pain and fever may occur. In rare cases, severe allergic reactions may lead to shock/death. We have been told and convinced of all these things. I consent to this injection.

Name: Age: OPNo: The ഡോക്ടർ has informed me that Penicillin injection is required for treatment. I have also been assured that the ഇഞ്ചക്ഷൻ will be given after a 45-minute delay after a test dose is given to the hand to check whether there is an allergy before taking this ഇഞ്ചക്ഷൻ. Although this ഇഞ്ചക്ഷൻ is rare, allergic reactions such as rash, redness, runny nose, cough, shortness of breath, dizziness, abdominal വേദന and fever may occur. In rare cases, severe അലർജി പ്രതികരണംs may lead to shock/death. We have been told and convinced of all these things. I സമ്മതം to this injection.

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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

SIGNATURES:


Patient/Relative Signature:

Doctor's Signature:


Signed at: 2025-11-07 12:16:08

Name: 1

Relationship: Sister


Signed at: 2025-11-07 12:16:08

MES Medical College, Perinthalmanna

Digital Consent System - Generated Electronically