



MES MEDICAL COLLEGE

PERINTHALMANNA

DIGITAL CONSENT FORM

PATIENT DETAILS:

Name: Abid Sheriff

Doctor: Dr Sajid

Age: 11

MRN: 1234

Date: 2025-11-06 16:58

CONSENT REQUIRED FOR:

Anesthesia Consent

വദേനാശമനം സമ്മതം

PROCEDURE/REASON DETAILS:

I, [Patient Name], consent to receive anesthesia for my medical procedure at MES Medical College Hospital.■

I understand that:■

- Anesthesia will be administered by qualified anesthesiologists■
- There are risks including allergic reactions, breathing difficulties, and rare serious complications■
- Different types of anesthesia may be used as deemed appropriate by the medical team■
- I must follow pre-operative fasting instructions■
- Post-anesthesia care will be provided in the recovery room■

I consent to the administration of anesthesia and related procedures.

I, [Patient Name], സമ്മതം വരെക്കി receive വദേനാശമനം വരെക്കി എന്ന് മലയിക്കുകയുള്ള പ്രക്രിയ at MES Medical College H

I understand that:■

- വദേനാശമനം will be administered മുലം qualified anesthesiologists■
- There are ഇൻപർഫൈന്റ് അപകടസാധ്യതകൾ അലർജി പ്രതികരണം, ശ്വാസം difficulties, ഒപ്പം rare ഗുരുതരമാ
- Different types എന്ന് വദേനാശമനം may be used as deemed appropriate മുലം medical team■
- I must follow pre-operative fasting instructions■
- Post-anesthesia care will be provided ഇൽ recovery room■

I സമ്മതം വരെക്കി അധികിനിസ്കർഷണം വദേനാശമനം ഒപ്പം related procedures.

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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:

Signed at: 2025-11-06 16:58:17

Name: Rahul

Relationship: Spouse

Doctor's Signature:

Signed at: 2025-11-06 16:58:17

MES Medical College, Perinthalmanna

Digital Consent System - Generated Electronically