

MES MEDICAL COLLEGE

PERINTHALMANNA

DIGITAL CONSENT FORM

PATIENT DETAILS:

Name: 1 Doctor: Dr Sajid
Age: 12 Consent ID: 19
MRN: 123 Date: 2025-11-07 09:31

CONSENT REQUIRED FOR:

Anesthesia Consent

വദേനാശമനം Consent

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], consent to receive വദേനാശമനം for my medical procedure at MES Medical College Hospital.

ഈ മനസ്ത്വിലാക്കുന്നതു that:

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

I consent to the administration of വദേനാശമനം and 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: 2025-11-07 09:31:39

Name: Rahul R

Relationship: Spouse

Doctor's Signature:



Signed at: 2025-11-07 09:31:39

MES Medical College, Perinthalmanna

Digital Consent System - Generated Electronically