

# MES MEDICAL COLLEGE

## PERINTHALMANNA

### DIGITAL CONSENT FORM

#### PATIENT DETAILS:

Name: Arun S Doctor: Dr Sajid  
Age: 11 Consent ID: 11  
MRN: 1234 Date: 2025-11-05 17:33

#### CONSENT REQUIRED FOR:

Lama

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#### PROCEDURE/REASON DETAILS:

I, [Patient Name], understand that I am leaving MES Medical College Hospital against medical advice on [Date]. I have been informed about the risks and potential complications of leaving at this stage of my treatment, including: - Worsening of my current condition - Development of new complications - Need for emergency care later - Potential permanent disability Despite understanding these risks, I choose to leave the hospital and accept full responsibility for this decision. I understand that the hospital and medical staff will not be responsible for any adverse outcomes resulting from this decision.

I, [രേഖാ Name], understand that I am leaving MES Medical College ആശുപത്രി മലൈക്കൽ ഉപദേശത്തിന് എത്രിരായി on [Date]. I have been informed about the രിലാക്ഷ്യം and potential സംഭവിക്കിംബന്തം of leaving at this stage of my ചികിത്സ, including: - Worsening of my current condition – Development of new സംഭവിക്കിംബന്തം – Need for അടിയന്തരം care later – Potential permanent disability Despite understanding these രിലാക്ഷ്യം, I choose to leave the ആശുപത്രി and accept full responsibility for this decision. ഒരു മനസ്സിലാക്കുന്നു that the ആശുപത്രി and medical staff will not be responsible for any adverse outcomes resulting from this decision.

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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: 2025-11-05 17:33:34

Name: Rahul R

Relationship: Son

**Doctor's Signature:**

Signed at: 2025-11-05 17:33:34

**MES Medical College, Perinthalmanna**

Digital Consent System - Generated Electronically