

MES MEDICAL COLLEGE
PERINTHALMANNA
DIGITAL CONSENT FORM

PATIENT DETAILS:

Name: Arun S

Doctor: Dr Sajid

Age: 12

MRN: 232323

Date: 2025-11-08 12:22

CONSENT REQUIRED FOR:

Anesthesia Consent

PROCEDURE/REASON DETAILS:

I, abid, 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.

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: 2025-11-08 12:22:57

Name: Rahul R

Relationship: Father



Signed by: Dr. doctor1

Signed at: 2025-11-08 12:22:57

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MES Medical College, Perinthalmanna

Digital Consent System - Generated Electronically