



MES MEDICAL COLLEGE

PERINTHALMANNA

DIGITAL CONSENT FORM

PATIENT DETAILS:

Name: Arun S

Age: 11

MRN: 1234

Doctor: Dr Sajid

Consent ID: 11

Date: 2025-11-05 17:33

CONSENT REQUIRED FOR:

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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, [രോഗി Name], understand that I am leaving MES Medical College ആശുപത്രി മെഡിക്കൽ ഉപദേശത്തിന് എതിരായി on [Date]. I have been informed about the റിസ്ക്സ് and potential സങ്കീർണ്ണത of leaving at this stage of my ചികിത്സ, including: - Worsening of my current condition - Development of new സങ്കീർണ്ണത - Need for അടിയന്തിര care later - Potential permanent disability Despite understanding these റിസ്ക്സ്, I choose to leave the ആശുപത്രി and accept full responsibility for this decision. ഞാൻ 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:

Doctor's Signature:


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

Name: Rahul R

Relationship: Son


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

MES Medical College, Perinthalmanna

Digital Consent System - Generated Electronically