

MES MEDICAL COLLEGE

PERINTHALMANNA

DIGITAL CONSENT FORM

PATIENT DETAILS:

Name: 1

Doctor: Dr Sajid

Age: 11

MRN: 1234

Date: 2025-11-07 16:30

CONSENT REQUIRED FOR:

Nail Avulsion - Malayalam

PROCEDURE/REASON DETAILS:

OPNo.:

MES MEDICAL COLLEGE
PERINTHALMANNA
DIGITAL CONSENT FORM

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 16:30:16

Name: Rahul R

Relationship: Son

Doctor's Signature:


Signed at: 2025-11-07 16:30:16

MES Medical College, Perinthalmanna

Digital Consent System - Generated Electronically