



MES MEDICAL COLLEGE

PERINTHALMANNA

DIGITAL CONSENT FORM

PATIENT DETAILS:

Name: Abid Sheriff

Doctor: Dr Sajid

Age: 11

MRN: 1234

Date: 2025-11-06 16:58

CONSENT REQUIRED FOR:

Anesthesia Consent

വദേനാശമനം സമർത്ഥം

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], സമർത്ഥം വണ്ടേടി receive വദേനാശമനം വണ്ടേടി എൻറേ മെഡിക്കൽ പരീക്രിയ at MES Medical College H

I understand that:□

- വദേനാശമനം will be administered മൂലം qualified anesthesiologists□
- There are ഇനിപ്പറയുന്ന അപകടസാധ്യതകൾ അലർജി പരീതികരണംs, ശ്വസനം difficulties, ഒപ്പം rare ഗുരുതരമ
- Different types എൻറേ വദേനാശമനം may be used as deemed appropriate മൂലം medical team□
- I must follow pre-operative fasting instructions□
- Post-anesthesia care will be provided ഇൽ recovery room□

I സമർത്ഥം വണ്ടേടി അഡ്മിനിസ്ട്രേഷൻ വദേനാശമനം ഒപ്പം related procedures.

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:

Doctor's Signature:


Signed at: 2025-11-06 16:58:17

Name: Rahul

Relationship: Spouse


Signed at: 2025-11-06 16:58:17

MES Medical College, Perinthalmanna

Digital Consent System - Generated Electronically