

# **MES MEDICAL COLLEGE**

## **PERINTHALMANNA**

### **DIGITAL CONSENT FORM**

## PATIENT DETAILS:

Name: 111

Doctor: Dr Sajid

Age: 11

Consent ID: 23

MRN: 1234

Date: 2025-11-07 12:16

## **CONSENT REQUIRED FOR:**

## Benzathine Penicillin - English

## Benzathine Penicillin – English

## **PROCEDURE/REASON DETAILS:**

Name: ..... Age: ..... OPNo: ..... The doctor has informed me that Penicillin injection is required for treatment. I have also been assured that the injection will be given after a 45-minute delay after a test dose is given to

the hand to check whether there is an allergy before taking this injection. Although this injection is rare, allergic

reactions such as rash, redness, runny nose, cough, shortness of breath, dizziness, abdominal pain and fever may occur.

In rare cases, severe allergic reactions may lead to shock/death. We have been told and convinced of all these things.

I consent to this injection.

Name: ..... Age: ..... OPNo: ..... The ഡോക്ടർ has informed me that  
Penicillin injection is required for  
treatment. I have also been assured that the ഇംപ്പക്കഷൻ will be given after a 45-minute delay after a test  
dose is given to

the hand to check whether there is an allergy before taking this ഇന്ത്യക്കൈഷൾ. Although this ഇന്ത്യക്കൈഷൾ is rare, allergic reactions such as rash, redness, runny nose, cough, shortness of breath, dizziness, abdominal pain, and

In rare cases, severe allergic reactions may lead to shock/death. We have been told and convinced of

all these things.  
| സമർപ്പം to this injection.

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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: 2025-11-07 12:16:08

Name: 1

Relationship: Sister

**Doctor's Signature:**

Signed at: 2025-11-07 12:16:08

**MES Medical College, Perinthalmanna**

Digital Consent System - Generated Electronically