
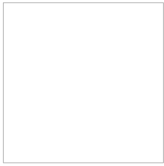


Informed Consent For Colposcopy

Patient Name	:	Reshma Siya	Emirates ID	:	784-6478-3648736-8
File No	:	4	DOB	:	1995-05-21
Nationality	:	Other			
Gender	:	Female	Doctor's Name	:	Gyenec Test
Date	:	2024-02-17			

- I hereby authorize retretrt and whomever he/she may designate as assistants to perform the procedure known as colposcopy.
 - I understand that colposcopy is performed to examine the cervix with a special microscope called a colposcope. This procedure usually is performed to evaluate an abnormal Pap smear or exclude the presence of cervical cancer. I understand that scrapings and/or biopsies may be taken which can cause mild cramping and discomfort. I understand that no guarantee or assurance has been made since, rarely, an abnormal area can be missed on exam or biopsy.
 - The doctor has explained to me that this procedure generally is safe, but that certain risks accompany any procedure. Risks associated with colposcopy include:
 - Bleeding during or following the procedure
 - Pain during or following the procedure
 - Allergic reaction to iodine or the instruments
 - Infection following the procedure
 - If any unforeseen condition arises in the course of the procedure, I give the physician permission to alter the procedure or administer additional treatment per his/her judgment.
 - For the purpose of advancing medical education, I also consent to the admittance of observers.
- I certify that I have read and fully understand the above consent for colposcopy. Adequate explanation has been given and all of my questions have been answered completely.

Sign here, only if all of your questions have been answered to your satisfaction		
Patient	Witness	Doctor
		
Patient Name Reshma Siya Date 2024-02-17	Witness Name rferewrr Date 2024-02-17	Doctor Name Gyenec Test - Gynaecology (S6) Date 2024-02-17