



Plot 15 Road 71
Gulshan
Dhaka -1212
Bangladesh

T: +880 2 8836444
+880 2 8836000
F: +880 2 8836446

www.uhlbd.com

Patient ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name:	<input type="text"/>								
Age:	<input type="text"/>			Sex:	M	<input type="checkbox"/>	F	<input type="checkbox"/>	
Ward/Cabin:	<input type="text"/>			Bed:	<input type="text"/>				
Consultant:	<input type="text"/>								

CONSENT FOR STERILIZATION

I, (Patient) _____
or (Spouse/Guardian), _____
hereby consent to undergo the sterilization.
The nature, purpose and the outcome of which have been explained to me by:

Dr. _____

_____ Signature of the patient	_____ Date
_____ Name of Spouse/Guardian	
_____ Signature	_____ Date
_____ Name of Witness	
_____ Signature	_____ Date

CONFIRMATION

I, hereby Confirm that I have explained to the patient and spouse/Guardian the nature and purpose of this Operation.

_____ Signature of Doctor	_____ Date
_____ Name of Witness	
_____ Signature	_____ Date