

down town hospital ltd.

F/NS/16

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811

of Patient

TI

P N

Date 5/8/18

I authorise the performance upon

of the following operation or procedure Wide excision Myself or name of patient),
Hudon by Dr. N.N. Das and such
persons from the staff of the down town hospital ltd.

(2) I also consent to the performance of such other or unforeseen operation or procedures in addition to or different from those now contemplated in the event that the procedure or Surgery presently contemplated discloses a condition which attending physician or surgeon in charge determine to be reasonably necessary or desirable or advisable as a part of the procedure for which I have heretofore consented.

(3) The nature and purpose of the operation/procedure, possible alternative method of treatment, the risk involved and possibility of complications have been fully explained to me. I acknowledge that no guarantee or assurance has been made as to the result that may be obtained.

(4) I consent to the administration of blood, drugs, medicines and other substances reasonably considered advisable and the use of x-ray, and other procedures and devices, which physician may consider to be reasonably useful.

(5) My physician or the hospital staff may examine or dispose of any diseased organs, tissues, fluids or diseased parts removed from my body.

(6) I consent to the taking of any photographs in the course of this operation for the purpose of advancing medical education.

(7) For the purpose of advancing medical education, I also consent to the admittance of observers to the operating rooms.

(8) In addition to the general risk of surgery, the following specific risk associated with this particular procedure has been explained to me by the Surgeon. They are Line Injury / Bleeding Injury

Bleeding / Infection / wound Infection / Anesthetic complications

Injury to Bowel / Ble leak in post op period.

WE/I CERTIFY THAT WE/I HAVE READ AND FULLY UNDERSTAND THE ABOVE CONSENT TO OPERATION, THAT THE EXPLANATIONS THEREIN REFERRED TO WERE MADE, AND THAT ALL BLANKS OR STATEMENTS REQUIRING INSERTION OR COMPLETION WERE FILLED IN AND INAPPLICABLE PARAGRAPHS, IF ANY, WERE STRICKEN BEFORE WE/I SIGNED.

Confirm that I have been explained
in the language I understand

Explained by :

Dr. N.N. Das

Signature of patient :

Signature of patient's

Signature of parent or

Witness : Samyung