Informed Consent for Surgery
Tata Main Hospital, Jamshedpur
(To be filled by treating doctor)

Patient's Name:

MR/IP Number:

Consent Administered by:

Date:

Signature:

I, (name of patient), have been informed by my doctor that I will require an operation/surgical procedure for the treatment of my illness/disease.

Dr. (name of treating doctor) has informed me that the procedure will involve operating on my...

This will be done under anaesthesia, and the details of anaesthesia will be discussed by me by the concerned doctors.

I have understood that the following complications are commonly associated with the surgical procedure planned:

1. ...
2. ...
3. ...
4. ...
5. ...

I have been informed that the above are the commonly expected complications, but there may be other related or unrelated complications that may unexpectedly arise during the operation.

I have understood that during the performance of the procedure, it may be necessary for my doctors to modify the planned procedure if the status of the internal organs and tissues is such that a modification in plan would be necessary.

I have understood that it is also possible that the planned operation may not be possible on account of the nature of the disease or the condition of the internal organs and tissues which can be made out only during the operation.

I have understood that a team of doctors headed by Dr. (name of principal surgeon) will perform the operation. I have understood that other doctors may be called-in to assist in the operation if the condition of the internal organs/tissues is such that additional experts are required.

I have also understood that additional experts may be called-in to assist in the operation to manage complications that may arise.

Dr. (name of Principal surgeon) has discussed with me the treatments other than the planned operation that are available for my condition. I have understood the risks and benefits of the planned treatment as well as the alternative treatments available.

I have discussed these matters in detail with my doctors. My doctors have given me adequate time and opportunity to consider the benefits and risk to my satisfaction. I have also had adequate time and opportunity to discuss these matters with my family, and seek their guidance.

I understand that the procedure performed on me may be video recorded/photographed for purpose of scientific study and I also understand that the details of the procedure (preserving my confidentiality) may be used in publication in scientific journals and/or presentations.

Having understood the above matters, and having carefully considered them, I hereby give my informed consent for the performance of the planned procedure.

Name of Patient:

Signature:

Date:

Time:

Name of Witness:

Signature:

Date:

Relationship:

Reason for obtaining consent from a person other than the patient:

The consent on this form has been obtained from a person other than the patient for the following reason(s):

Name of person giving consent:

Signature:

Date:

Time:

Relationship: