



कर्मचारी राज्य बीमा निगम अस्पताल, पीण्या, बेंगलूरु- 560 022.
EMPLOYEES' STATE INSURANCE CORPORATION
HOSPITAL, PEENYA, BENGALURU - 560 022.
(Under Ministry of Labour & Employment, Govt. of India)

DEPARTMENT OF GENERAL MEDICINE

CONSENT TO INVESTIGATION, TREATMENT OR PROCEDURE

- (1) I, , hereby consent to undergo the investigation, treatment or procedure, , ordered by or to be performed by Dr.
- (2) The nature and anticipated effect of what is proposed including the significant risks and alternatives available have been explained to me. I am satisfied with these explanations and I have understood them.
- (3) I also consent to such additional or alternative investigations, treatments or operative procedure as in the opinion of Dr. are immediately necessary.
- (4) I further agree that in his or her discretion, Dr. may make use of the assistance of other surgeons, physicians, and hospital medical staff (including trainees) and may permit them to order or perform all or part of the investigation, treatment, or operative procedure, and I agree that they shall have the same discretion in my investigation and treatment as Dr.

I declare that I am more than 18 years of age, I have been informed that there are inherent risks involved in the treatment.

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(Dr.)

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(Staff Nurse :)

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(Patient/Guardian :)

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(Attendent :)

Place:

Date :