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**EMPLOYEE STATE INSURENCE CORPORATION HOSPITAL,
PEENYA, BENGALURU - 560 058.**

(Under Ministry of Labour & Employment, Govt. of India)

HIGH RISK CONSENT

I and my attendant / understand that, I have a condition / health disorder that needs surgery and anaesthesia.

We have been explained in detail about the nature of the disease and the procedure to be performed in a language understandable to us, by our treating doctors.

The above procedure / anaesthesia involves significant risk which may include death of the patient, during or after the procedure.

We give our valid consent to undergo the procedure under anaesthesia after understanding all the possibilities.

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

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(Dr.)

.....
(Patient/Guardian.)

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(Staff Nurse :.....)

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(Attendant.....)

Place :

Date :