



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)

TRACHEOSTOMY CONSENT

I give my valid consent for the proposed Surgery (Making a hole in the Wind Pipe), under any type of anesthesia. It has been explained to me in my own language (vernacular). The procedure & its complications like temporary loss of speech etc has been explained to me. If any untoward complications occur, I won't hold treating doctors, nurses & hospital authorities responsible.

Date:

Signature of Patient

Time:

Place:



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)

TRACHEOSTOMY CONSENT

I give my valid consent for the proposed Surgery (Making a hole in the Wind Pipe), under any type of anesthesia. It has been explained to me in my own language (vernacular). The procedure & its complications like temporary loss of speech etc has been explained to me. If any untoward complications occur, I won't hold treating doctors, nurses & hospital authorities responsible.

Date:

Signature of Patient

Time:

Place: