CONSENT FOR INDUCTION OF LABOR

Patient Name :

I.P. Number :

Diagnosis :

Indication for induction :

Date :

Time :

Doctor's Name :

I have been explained that continuation of the pregnancy is associate with increased risk to the fetus and / or the mother and as such there is an immediate need for induction of labor, I understand that induction of labor is associated the few risks to the FETUS / the mother, and that the benefits of induction out-weigh these risks. With complete understanding I give my consent for induction of labor.

Signature of the Patient

Signature of the husband/
Parents / responsible authority

Signature of the explaining Doctor