



**LADY READING HOSPITAL
MEDICAL TEACHING INSTITUTION
PESHAWAR, KP**

Pt. Name:
Diagnosis:
Department:
MR #:
Consultant:
Date:

**CONSENT FRO MEDICAL / SURGICAL
PROCEDURE AND ACKNOWLEDGEMENT
RECEIPT INFORMATION**

I hereby authorized and direct..... With associates or assistants of his choice to perform upon Me / the patient (Name.....M.R. No..... The following diagnostic, medical or surgical procedure.....Including any necessary or advisable anesthesia.

I further authorize the doctors to perform any other procedure that in their judgement is advisable for my well being. This operation has been explained to me. Alternate methods of treatment, if any, have also been explained to me, as have the advantages and disadvantages of each, I ma advised that though good result are expected the possibility and nature of complications cannot be accurately anticipated and that, therefore there can be no guarantee as expressed or implied either as to the result of the medical procedure or as to cure.

In generals terms, the nature and purpose of this operation or medical procedure is:

.....

.....

.....

I hereby authorized and direct the above named physician with associates or assistants to provide such additional services as they may deem reasonable and necessary including, but no limited to, the administration of any anesthetic agent, or service of the x-ray department or laboratories and I hereby consent there to. I hereby state that I have read and understand this consent, All questions about procedure or procedures have been answered in a satisfactory manner, and that all blanks were filled in prior to my signature. This from is valid until revoked by me in writing.

Signature of Patinet: _____ Date: _____ Time: _____ am / pm

Signature of Relative: _____

(where Required): _____

Witness: _____

Signature of Representative: _____

(where Required): _____

I certify that all blanks in this from were filled in prior to sinature and I explained them to the patient or his representative before requesting the patient or his representative to sign it.

(Signature of the above Name Physician)