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Sample-4



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

**CONSENT FOR SURGERY / ANAESTHESIA**

I, .....patient and my attendents understand that I have a condition (health disorder) which needs surgery and anaesthesia.

The details of the procedure / anaesthesia, the risks involved during the same and the complications which may arise during and / or after the surgery / Anaesthesia have been explained to us in a language understandable to us by Dr. .... and Dr. .... We understand the consequences of the procedure and give our valid consent to undergo the same.

.....  
(Dr. .... )

.....  
(Patient/ Guardian : .....)

.....  
(Staff Nurse : ..... )

.....  
(Attendant : ..... )

Place :

Date :

I further agree that in his or her discretion, Dr. .... may make use of the assistance of other surgeons, physician and their 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 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 included in the treatment.