

ARPAN GENERAL HOSPITAL (I.C.U)

Arpan Shopping Arcade, 1st Floor, CST Road, Kurla (W), Mumbai - 400070.

Phone - 9004649524 / 9004673408. Tel. No. (022) 26509852 / 26501196 / 26500612

CONSENT FORM

I hereby agree and give consent to the performance of _____ operation or procedure as may be found necessary upon myself and also to the suitable (_____) anaesthesia necessary for the purpose of such operation. I shall not hold the doctor or Hospital responsible in whatever manner for any consequences that may rise out of and hand in the course of this operation and / or administration of anaesthesia. I have been explained about this and possible complication in Language I can understand.

Signature of Patient :

Signature of Guardian :

If patient is under 18 years of age
mentally unsound or unconscious

Witness

Date :