

Hospital Name:

Doctor-in-charge / Principal Surgeon / Principal Interventionist:

Dr.

Qualification:

Address:

Phone:

Email:

Consent For Anaesthesia

Information about the patient:

Name: Mr./Ms./Mrs.

Age: Years

Address:

Information about the patient's guardian (proxy consent) :

(This clause should be filled and the guardian should sign this consent only in case of incompetent patients i.e. minors, old aged, unconscious, mentally unfit, disoriented patients)

Name: Mr./Ms./Mrs.

Address:

Phone no.

Relationship with the patient, if any:

[A person accompanying an unrelated patient should write '**Unrelated-accompanying**' and when consent is given by higher authorities of a hospital, designation such as '**Medical Superintendent**' or '**Medical Director**' must be written.]

Scheduled date for the proposed intervention / procedure / surgery:

Principal Anesthetist:

Name: Dr.

Qualification:

Patient's / Guardian's Signature / Thumbimpression:.....

Patient's / Guardian's Name:

Type/s of anesthesia proposed to be induced:

a. Local

b. Local

I, the undersigned, do hereby state and confirm as follows:

1. I have been explained the following in terms and language that I understand. I have been explained the following in (name of the language or dialect) that is spoken and understood by me.

2. I have been explained; I have been provided with the requisite information; I have understood; and thereafter I consent, authorize and direct the above named principal anesthetist and his / her team with associates or assistants of his / her choice to induce anesthesia mentioned hereinabove during the course of the proposed intervention / procedure / surgery and also to administer the requisite drugs and medications.

3. I have been explained and have understood the importance of preoperative fasting and the risks of consuming solids / liquids prior to the induction of anesthesia.

4. I have been explained and have understood that inducing anesthesia has certain material risks / complications and I have been provided with the requisite information about the same. I have also been explained and have understood that there are other undefined, unanticipated, unexplainable risks / complications that may occur during or after inducing anesthesia.

5. I have been explained and have understood that despite all precautions complications may occur that may even result in death or serious disability.

6. I have signed this consent voluntarily out of my free will and without any kind of pressure or coercion.

Date & Time of giving consent:

Patient's / Guardian's Signature / Thumb impression:

Patient's / Guardian's Name:

Patient's / Guardian's Signature / Thumbimpression:.....

Patient's / Guardian's Name: