

	Republic of the Philippines Department of Health <b>BAGUIO GENERAL HOSPITAL AND MEDICAL CENTER</b> Baguio City	
	<b>PSYCHIATRY DEPARTMENT</b> <b>CONSENT FOR OUTPATIENT</b> <b>CONSULTATION</b>	Form No.: MD - PSY - 013 Revision No.: 0 Effectively Date: August 1, 2014

Date: 08/18/2012

*To Whom It May Concern:*

Be it known that I, [REDACTED], 27 years of age,  
(Age)  
[REDACTED] of Enrique C. Garry,  
(Relationship to Patient) (Name of Patient)

voluntarily and willingly give my consent that said patient to be admitted to the out-patient for psychiatric evaluation and treatment. I further agree to have him/ her submitted to any medical and/ or surgical treatment including major surgical treatment, that the hospital may deem proper to administer or perform, with understanding that both the hospital authority or his/ her representative and the person performing the treatment operation will not be held responsible for any liability, civil, criminal or otherwise, by me or by the abovementioned patient's other relatives or guardians who may claim such to be the result of the said operation/ treatment or the immediate surrounding circumstances.

[REDACTED]  
(Signature over Printed Name)

Barok 5 B6H Compound  
(Address)

09738141025  
(Contact Number)