



# OSMANIA GENERAL HOSPITAL

HYDERABAD, T.S.

## CONSENT FOR SURGERY

I ..... aged .....  
from ..... Mandal ..... district, have  
been admitted in ..... Hospital to undergo  
..... *Endoscopy, EUS, cecr abdomen* ..... Surgery.

Doctors have explained me and my Attendant about the need for the Procedure, Risk / High-Risk and complication involved during Anesthesia, Surgery and after the surgery including the possibility of death in our mother tongue.

Having understood all the consequences of surgery. I / We give our onreserved, will full, pre-informed consent before surgery for surgery to be performed. In any untoward incident we don't hold anybody responsible.

Name Patient / Attendant.....

Date : ..... *8/12/2011* .....

Signature / Left Thumb Impression