

YCM HOSPITAL

PIMPRI, PUNE 18

PATIENT

NAME:

AGE/SEX:

ADDRESS:



I, Dr. [REDACTED] have explained the nature, risks and possible consequences of the medical procedure to the patient as well as parent/guardian.

[REDACTED]
SIGNATURE

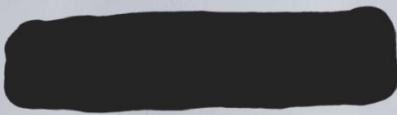
DATE 15/03/2023

NATURE OF
PROCEDURE: [REDACTED]

I the undersigned hereby consent to the performance of and understand the nature, risks and possible outcomes of the above procedure and that the doctor may carry out any additional procedure if required.

I also hereby consent to my clinical case report to be compiled and published in any journal as deemed fit by my treating physician

FULL NAME OF PATIENT



SIGNATURE/ THUMB IMPRESSION:

