



श्री चित्रा तिरुनाल इंस्टिट्यूट फोर मेडिकल साइन्स एण्ड टेक्नालजी, तिरुवनन्तपुरम
SREE CHITHRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES & TECHNOLOGY,
THIRUVANANTHAPURAM - 11

FORM FOR INFORMED CONSENT

I F/o, S/o, M/o, D/o
..... have been explained by Consultant
Dr about the details of the procedure of
..... (Operation / Investigation) and all its possible
benefits and alternatives to the said procedure and its possible minor, major, catastrophic risk
and complications inherently involved in the above said procedure. Having understood the above
facts fully, I hereby give my consent to the doctors of SCTIMST to undertake the above said
procedure on

Name and Hospital Number of patient :

Name & Signature of Consultant

.....

Date

Name & Signature of Witnessing Doctor

.....

Date

Signature of Patient

.....

Date

Name & Signature of Close relative

.....

Relationship

Date