



**ROYAL GOVERNMENT OF BHUTAN
NAME OF HCC
DZONGKHAG**

Informed consent for Surgery, Anesthesia & other Medical Procedures

Patient Information	
Name:	
Age:	Sex:
CID No.:	
Patient name:	
Hospital Reg. No.:	
Ward/Bed: No.:	

- Surgery/Medical Procedure/Treatment:**.....
.....
- The Reason for the procedure:**.....
.....
- General Risk of the procedure:** Any operations or procedure involves some risk & hazards. The more common risk include- infection, bleeding, nerve injury, blood clots, heart attack, allergic reactions and pneumonia, these risks can be serious and potentially fatal.
- Anesthesia:** the administration of anesthesia also involves risks. The type of anesthesia used in this procedure is:-
 i. General ii. Regional iii. Local iv. Sedation
- Additional Procedures:** Any extra procedure, which may be necessary during the procedure:
 i. Blood Transfusion ii. Laboratory investigation iii. Other procedure
 (specify):.....
- Statement of interpreter (where necessary):** I have interpreted the information above to the best of ability and in a way in which I believe he/she can understand.

Signature	Name	Date
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7. **Patient's/parents' consent:** Having fully understood this consent form, I hereby CONSENT to:
 The proposed surgery/procedure/treatment/service listed above as determined by the physician or his/her associate. The use of such anesthesia/sedation as may be considered advisable by the physician responsible for this service. I have/had/will have the opportunity to discuss the details of anesthesia with the anesthetist before the procedure, unless the urgency of my situation prevent this.
 I understand that no guarantee has been made that the operation/procedure will be performed by any particular medical person.

Signature	Name	Date
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8. **The patient is unable to consent because (where applicable)**
 Therefore I give consent for the patient's behalf:

(Signature & Name) (Relationship to patient)

9. I declare that I have personally explained the above information in detail to the patient and/ or the patient's representative and have answered the entire patient's questions to the best of knowledge.

(Name, Signature & BMHC No.)