



DIL CONSENT FORM

Iaged.....years, do
here by give my consent for myself/ my son/ my daughter/ father/ mother/
Husband /wife/relative.....To undergo the necessary
Procedures for diagnosis and treatment and to admit the patient in ICU for the
Critical care management.

The doctor explained me the present condition of patient,
expected Benefits and possible risks and complications including death. I am
fully aware of the need and consequences of such treatment. Knowing this I am
giving my Consent for treatment and critical care management.

I shall not hold any hospital authorities, doctors,
staff or the institution for any untoward outcome of such treatment and its
adverse
Consequence.

Name of the Patient /Relatives

Signature of the Patient /Relatives

Relationship

Address

.....

.....

..... Date and Time.....



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