



Hazrat-e Zahra Marzieh Hospital and charity clinic (PBUH)  
**Consent and Medical Liability Waiver Form**

ZMH-FO-PR-2168

<b>File Number :</b>	<b>National Code:</b>	<b>Name of ward:</b>	<b>Physician's name:</b>
<b>First name :</b>	<b>last name:</b>	<b>Father's name :</b>	<b>Date of birth :</b>
<b>Diagnosis:</b>		<b>Admission Date :</b>	

<p><b>Title of the diagnostic procedure/ medical treatment (Invasive Procedure):</b></p> <p><b>Advantages of the selective method:</b></p> <p><b>Major side effects or probable consequences of using the recommended diagnostic procedures / medical treatment /surgery.</b></p> <p><b>Consequences of refusing the recommended diagnostic procedure / medical treatment/ surgery:</b></p> <p><b>Diagnostic alternative procedure(s) / medical treatment/ surgery with informing the advantages and possible consequences:</b></p> <p><b>Seal and signature of the attending physician:</b></p>	<p><b>To be filled by the attending physician.</b></p> <p><b>1</b></p>	
<p><b>Mr./Ms. ....the undersigned son or daughter/legal proxy/parent/legal guardian of the patient, namely ....., given the above said issues and while being aware of the mentioned probable consequences of the matter, hereby contest to carrying out the medical procedures and state that the medical personnel shall not be held accountable for occurrence of the probable health problem which are inevitable although scientific ,technical, and legal principles are observed and waives myself the right to make any claims, either penal or legal, in this respect.</b></p> <p><b>Signature and fingerprints of patient / patient'parent / patient's legal proxy:</b></p> <p><b>Date and time of granting consent:</b></p>	<p><b>To be filled by the patient/their parent or legal proxy</b></p> <p><b>2</b></p>	
<p><b>Hereby, following the adequate explanations offered by the medical personnel, I am fully aware of the significance and necessity of undergoing the above-said diagnostic operation/medical treatment/surgery. However, I express my refusal of undergoing the said procedures and shall <u>NOT</u> hold the diagnostic and medical team (either real or legal entities) accountable in this respect in no way whatsoever and shall bring NO lawsuit- either penal or legal-against them. And , I take on the responsibility of not granting my consent for the above-said diagnostic procedure/treatment operation/surgery and I myself shall be held answerable for the consequences.</b></p> <p><b>Date and time of refusal of the consent:</b></p> <p><b>Signature and fingerprints of patient/ patient's parent /patient's legal proxy:</b></p> <p><b>Seal and signature of the physician:</b></p> <p><b>Seal and signature of the supervisor of the hospital:</b></p>	<p><b>To be filled if the recommended diagnostic procedure/medical treatment/surgery are refused or leaving the hospital with personal consent by the patient/patient's parent/legal proxy.</b></p> <p><b>3</b></p>	
<p><b>First witness:</b></p> <p><b>Full name:</b>                      <b>Father's name:</b></p> <p><b>National code:</b></p> <p><b>Address:</b></p> <p><b>Relationship with the patient:</b></p> <p><b>Signature and fingerprint:</b></p>	<p><b>Second witness:</b></p> <p><b>Full name:</b>                      <b>Father's name:</b></p> <p><b>National code:</b></p> <p><b>Address:</b></p> <p><b>Relationship with the patient:</b></p> <p><b>Signature and fingerprint:</b></p>	<p><b>To be filled by the witnesses.</b></p> <p><b>4</b></p>

