

Hazrat-e Zahraye Marzieh Hospital and charity clinic (PBUH)

Consent and Medical Liability Waiver Form

 $\mathbf{ZMH}\text{-}\mathbf{FO}\text{-}\mathbf{PR}\text{-}2168$

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

Title of the diagnostic procedure/ medical treatment (Invasive Procedure):				
Advantages of the selective method:				
Major side effects or probable consequences of using the recommended diagnostic procedures / medical treatment /surgery.				
Consequences of refusing the recommended diagnostic procedure / medical treatment/ surgery:				
Diagnostic alternative procedure(s) / medical treatment/ surgery with informing the advantages and possible consequences:				
Seal and signature of the attending physician:				
Mr./Msthe 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. Signature and fingerprints of patient / patient'parent / patient's legal proxy:				
Date and time of granting consent:				
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 NOT 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. Date and time of refusal of the consent: Signature and fingerprints of patient/ patient's parent /patient's legal proxy: Seal and signature of the supervisor of the hospital:				
First witness: Second witness:				
Full name: Father's name: Full name: Father's name:	To be			
National code: National code:	be filled by the witnesses.			
Address: Address:				
Relationship with the patient: Relationship with the patient:	y the			
Signature and fingerprint: Signature and fingerprint:				

1—The specific consultation of forensic medicine for granting consent, within interview with the patient patient's parent/ patient's legal proxy and study the medical file has done and inserted in the consultation sheet for using that. 2- Identification documents of the patient patient's parent/ patient's legal proxy Mr./Ms. similar to the inserted information in the patient's file. 3-Patient patient's parent/patient's legal proxy Ms. /Mr. six qualified and has legality to be granted the consent and medical liability waiver form and is able to make decision in explained medical affairs. Date and time /signature and seal of the forensic physician: Signature and fingerprint of the patient/ parent/legal proxy.	To be filled by the forensic physician of the hospital if the consultation is requested with the forensic physician.
Dr	To be filled by the anesthesiologist of the hospital.
In order to save the life and considering the emergency situation of the patient, the diagnostic-medical procedure, is allowed without any consent from the patient/ patient's companion. Date and time: Seal and signature of the attending physician: Seal and signature of the supervisor:	To be filled in emergency cases and the risk and threat for the patient's life.
Part IV: This part is filled out by two witnesses, priority of the first degree relatives of the patient – the patient's companions and in the absence of having no companions, one of the staffs of the ward except the physicians of the procedure/ the invasive -diagnostic procedure. Part 5: In the case of having consultation by the forensic physician, this part of the form is filled out by the forensic physician who has visited the patient. Part 6: This part is filed out by the anesthesiologist physician, If the invasive-diagnostic procedures need to be made decision by the anesthesiologist (such as all of the surgeries, passing c.v.v and etc.) Part 7: If there is no enough time for granting the contest from the patient/ patient's parent or their legal proxy about invasive-diagnostic procedures or in the other hand the patient's life is in danger, this part will be filled out by the attending physician , anesthesiologist (in the case of making decision in invasive-diagnostic procedure) and supervisor of the hospital. Note 1: Filling out the part 6 and 7 of the consent and medical liability waiver form doesn't mean not to fill out the consultation form and consultation is necessary to be done by the physician. Note 2: Filling out the third part of the form in the cases that the patient refuse the diagnostic-invasive procedures and desire to leave the hospital with personal consent, doesn't mean not to fill out the discharge consent form with personal decision is necessary.	Remarks