



ZMH- FO- PR- 2168

consent and Medical Liability Waiver Form



National Code :			Unit Number :
Attending physician :	Ward:	name :	Family name :
Date of Admission :	Bed:		Father name :
Education level of the patient:	Room:		Date of Birth :

This section should be completed by the Physician providing services

I am Dr., the physician who treats the above-mentioned patient, regarding the diagnostic and therapeutic action that is performed in order to diagnose and treat the disease I have given full explanation and its possible consequences, as well as its alternatives to the service recipient/ parent/ legal supporter:

Consequences of non-acceptance of diagnostic and therapeutic measures:

Advantages of using the recommended diagnosis or treatment:

The most important side effects or possible consequences of using the recommended diagnostic or therapeutic method:

Methods or alternative diagnostic methods with a variety of potential benefits or complications:

Date and time of obtaining consent:	Seal and signature of the physician providing services:
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This section should be completed by the patient / legal supporter of the patient

I am (patient / parent / legal representative of the patient), child of holding national code number and birth certificate number issued in on (fill your date of birth), I have received the necessary knowledge of the disease, the therapeutic efficacy, and the consequences of each, as well as its alternatives by the therapist / doctor and I am fully aware that the diagnostic and treatment measures in this educational and medical center are performed by the medical team under the supervision of the relevant specialists. Hereby, I express my satisfaction for the mentioned action and other necessary diagnostic and therapeutic measures that are performed at the decision of doctors and medical staff and in compliance with technical and scientific criteria, and the diagnostic and therapeutic staff are far away from any responsibility and guarantee resulting from any possible complications. Despite the observance of scientific, technical and legal standards, it may appear that I will be acquitted and I will not have any claim whether criminal or civil

Date and time of obtaining consent:	Seal and signature of the patient/legal representative date and time:
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If you are not satisfied with the proposed diagnostic-therapeutic measures, complete the following section

In this way, while canceling the acceptance of the service, I declare my dissatisfaction with the above-mentioned diagnostic-therapeutic measures, and I would like to express my gratitude to the diagnostic and treatment staff for any harm and risks arising from not receiving the proposed treatment measures. I will have no claim of non-criminal or civil non-compliance

Signature and seal of the supervisor of the hospital/medical center:	Seal and signature of the physician providing services:	Seal and signature of the patient/ legal representative date and time:
date and time	date and time	date and time

This section should be completed by the witness

Name and family name The first witness.... Father's name..... born on national card/ birth ID certificate..... relationship with the patient..... phone	Name and family name The first witness.... Father's name..... born on national card/ birth ID certificate..... relationship with the patient..... phone
Seal and signature of The second witness date and time	Seal and signature of The first witness date and time

This section should be completed by the hospital's forensic service upon request

- A. The recipient of the service, the parent / legal representative of the recipient of the service, was interviewed, the clinical file was studied, and the opinions of the specialized medical staff were included in the consultation form to inform
- B. The identity documents of the service recipient / the parent / legal representative of the service recipient, Ms. / Mr., are in accordance with the information entered in the patient's file.
- C. Service Recipient / the parent / Legal Representative of the Recipient of the Service, Mr. / Ms., has the legal competence and competency to grant consent and medical innocence and the capacity to decide on the described medical affairs
- D. The patient, in the presence of a hospital forensic specialist, named Mr. / Mrs... assigned as his successor and attorney for any decision in his medical diagnostic affairs if certain clinical conditions that cannot make decisions in his treatment occurred.

Seal and signature of forensic specialist date and time

Seal and signature of the service receiver/ parent/ legal representative date and time

To be filled by the anesthesiologist of the hospital.

Dr. anesthesiologist of the above said patient has explained the necessary information about the major advantages, side effects and probable consequences of the diagnostic procedure/ medical treatment/ surgery to diagnose or treat the disease and also informed the other alternative methods to Mr./Ms. the patient patient's parent/ patient's legal proxy .

Major side effects and probable consequences of suggested diagnostic procedure/medical treatment / surgery:

Diagnostic alternative procedure(s)/medical treatment/surgery with informing the advantages and probable consequences:

Consequences of refusing the suggested diagnostic procedure/medical treatment/surgery:

**Seal and signature of the anesthesiologist:
Date and time**

- ❖ Invasive-diagnostic-surgical procedure: A diagnostic-therapeutic-surgical technique that creates an incision with a hole on the skin, mucous membrane of the connective tissue, or tools are inserted through the natural pores of the body. Invasive procedures include a range of minimally invasive skin procedures (biopsy, excision, deep cryotherapy for malignant lesions, replacement of props or catheters, entering body cavities through needles or trocars) to advanced multiple transplants.
- ❖ Diagnostic procedure: Diagnostic beam ‘ERCP angiography,... laparoscopy
- ❖ Therapeutic action :shock therapy ‘Chemotherapy ‘Blood and blood products ‘Moderate to deep anesthesia and sedation and.
- ❖ Surgical operation: Diagnostic laparotomy ‘biopsy

Note: The patient/respected legal representative must take the informed consent and release form for diagnostic/therapeutic/surgical procedures only by the attending physician with a readable identification card, a photo of the medicine that can be seen from a distance of one meter and can be read on his chest. May it be done, to You are allowed to ask your doctor to be sure about the contents of this consent letter and sign it after fully understanding.

