



## Informed consent



Treatment and surgery permission physician and medical staff quittance		
File number	Date of birth	Ward
Name	Nationality	Admission date
Family name	Pass number	Managing physician
Fathers name	living	Phone number
This section should be completed by physician		
<p>Attending physician: I fully described all the required explanations and awareness to the patient/ parent/ legal guardian. All question dealing with surgery, diagnostic-treatment acts and patient, parent or legal guardian about their satisfaction for surgery and treatment has been answered.</p>		
Date:	Full name of the attending physician:   signature	
Hour:		
This section should be completed by patient, parent, legal guardian		
<p>I ..... (patient, parent, legal guardian) son/ daughter of ..... with passport number ..... born on ..... / ..... / ..... from ..... living in ..... Phone number ..... As patient, parent, legal guardian certified that fully informed of most important possible and prevalent complication and damages related to treatment act of me/ my patient described by attending physician, will authorized the physician to do all necessary treatment/ surgery, diagnostic acts and/ or blood transfusion by observing Islamic, technical and scientific laws for me/ my patient and by this I declare the acquittal of physician and medical staff and this hospital from all measures and its legal and Islamic liability.</p>		
Date:	Full name of patient/ parent/ legal guardian   signature	
Hour:		
This section should be completed by witness		
<p>I certify authentication of signature of the patient/ parent/ legal guardian and filling this form before performance of surgery operation/ treatment.</p>		
Full name of witness 1	Full name of witness 2	
Fathers name	Fathers name	
Passport number	Passport number	
Relationship with patient	Relationship with patient	
Content number	Content number	
Date	Date	
Hour	Hour	
Signature and finger print	Signature and finger print	