

| Unit number | | Ward | National code | | | |
|--|---|--|---|--|--|--|
| Family name | Name | Room | Attending physician | | | |
| Father name | Date of birth | Bed | Date of admission | | | |
| 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/ paren | ıt/ legal supporter. | | | | | |
| Consequences of non-acceptance of diagnostic and therapeutic measures: | | | | | | |
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| Advantages of using the recommended diagnosis or treatment: | | | | | | |
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| The most important side effects or possible consequences of using the recommended diagnostic | | | | | | |
| or therapeutic method: | | | | | | |
| * | | | | | | |
| Methods or alternative | diagnostic methods wi | th a variety o | f potential benefits or complications: | | | |
| | | | | | | |
| Seal and signature of the | physician providing | Date and | time of obtaining consent: | | | |
| services: | | | Č | | | |
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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 ofholding | | | | | | |
| national code number and birth certificate number issued in | | | | | | |
| on (fill your date of birth), I have received the necessary knowledge of the | | | | | | |
| on | (1111 your date of off the | /, 1 may 0 1000 | disease, the therapeutic efficacy, and the consequences of each, as well as its alternatives by the | | | |
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| disease, the therapeutic | efficacy, and the cons | equences of | each, as well as its alternatives by the | | | |
| disease, the therapeutic therapist / doctor | efficacy, and the cons and I am fully aware | equences of that the diag | each, as well as its alternatives by the mostic and treatment measures in this | | | |
| disease, the therapeutic therapist / doctor educational and medica | efficacy, and the cons and I am fully aware al center are performed | equences of that the diag by the medi | each, as well as its alternatives by the mostic and treatment measures in this cal team under the supervision of the | | | |
| disease, the therapeutic therapist / doctor educational and medica relevant specialists. H | efficacy, and the cons and I am fully aware al center are performed Hereby, I express my | equences of that the diag by the medi satisfaction | each, as well as its alternatives by the mostic and treatment measures in this cal team under the supervision of the for the mentioned action and other | | | |
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