SURAKSHA C.T. SCAN CENTRE
N.R.S. Medical College & Hospital

DATE :

I, Mr./Ms. .....

hereby consent knowningly to undergo .....

at Suraksha CT scan centre, N.R.S. Medical College & Hospital on .....

on the ..... advice.

The nature of the test and its potential hazarrds has been clearly explained to me. I am

aware that practice of medicine and the surgery is not an exact science.

I, the N.R.S. staff, managment of Suraksha CT scan centre, N.R.S. Medical College &

Hospital are not responsible in any way for my complication / misphap during and after the test.

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.....

Signature / R.T.I. of patient.

Signature R.T.I. of next of kind of the patent

Suraksha

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