

APPLICATION CUM CONSENT LETTER FOR AYURVEDIC HEART TREATMENT

NAME OF PATIENT :

NAME OF GUARDIAN (ACCOMPANYING) :

ADDRESS OF PATIENT :

QUALIFICATION :

OCCUPATION :

NAME OF TREATMENT CENTRE : **Dr. Bijubal's Heart Care Centre**

Respected Doctor,

I hereby request you to do the necessary arrangements for my treatment in your treatment centre. My age is

1. My decision to undergo this treatment is solely taken by myself without any pressure / forced or marketed by others.
2. I was explained and completely aware of this treatment and also about the alternative treatment options available in the present medical industry
3. I am aware of every possibilities of this treatment , even there may occur a failure while treatment. In such case , Me or my relatives will not be blaming the doctor / treatment centre for the responsibility of such failure occurred.
4. I hereby agree that I am ready to revisit the treatment centre and undergo for further checkups after completing the treatment course as directed by the doctor / treatment centre. Failing which I will be responsible for any kind of health impacts occur to me.

FOR PERSON WHO ARE ILLITERATE / UNABLE TO READ THE ABOVE FACTS

The patient undergoing this ayurvedic treatment is got explained about the above said treatment methods, alternate treatment options conditions available to him.

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Signature of the Inspirer

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Signature of the Adviser

Name and Address

Name and Address

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