

17301-367871 9-3 / 0311-1903382



ABU USMAN HOSPITAL

ABU USMAN HOSPITAL & HEALTH SERVICES

3rd Floor Habib Medical Complex Dabgari Garden Peshawar

Admission No. _____

CONSENT FOR SURGICAL / DIAGNASTIC PROCEDURE ANAESTHESIA

(Note: Person Taking Consent Should explain in local Language)

Patient Name: Khatija Age 6 years

Gender: Female Room No (3) Ward: _____
Bed No. _____

1. I Ayaz Ahmad s/o Mukhtiyar Ahmad from Peshawar

hereby consent and authorize Surgeon to perform upon me the procedure known as D/D GA under general/local anaesthesia Spinal. Nature, effects and potential complications of the both operation and anaesthesia have been explained to me.

- If any unforeseen conditions arises during the course of the procedure, I do hereby authorize and request the physician/surgeon, his/her assistant to take whatever steps and to perform whatever procedures deemed advisable or different from the procedure now planned.
- I understand the nature and purpose of the procedure(s), possible alternative methods of diagnosis or treatment, the risk are also explained to me and potential complications of this procedure, and I understand that there are always certain risk consequences that are associated with any procedure which may include but are not limited too allergic reactions, damage to blood vessels, nerves, internal perforations, and or infection, bleeding, failure of healing and/or death.
- I consent to and authorize my physician/surgeon or such physicians/surgeon or persons to transfuse blood / blood products during the procedure and post procedural care. In giving such consent, I acknowledge that it has been explained to me that there are possible risks involved with this blood transfusion, including infectious hepatitis, unexpected blood reactions and introduction of human immunodeficiency virus (HIV).
- I consent to and authorize the physician/surgeon named above and his/her associates and AUH to preserve for scientific purposes or to dispose of any tissue, organs or other body parts removed during surgery/diagnostic procedure in accordance with customary medical practice.
- I consent to allow taking photograph or video in the course of procedure for the purpose of advancing medical education, as may be authorized by my physician/surgeon. It is understood and agreed that patient confidentiality shall be preserved.
- I certify that I have read explained in local language and fully understood the above consent statement. In addition, I have been afford an opportunity to ask whatever questions I might have regarding the procedure(s) and they have been answered to my satisfaction.
- I have agreed to all of the above and hereby give my authorization and consent to perform the procedure.

Signature of patient Khatija Witness Name & signature [Signature] Date 03/07/2023

Signature of person responsible for patient [Signature] Relationship to patient Father

Physician's Signature _____ Date 03/07/2023

General Surgeon Dr. Ali H Malik

MBBS(Pesh) FCPS (General Surgery)

Lady Reading Hospital, Peshawar

Consultant General & Laproscopic Surgeon

Surgical Specialist D.H.Q Teaching Hospital Charsadda.

جنرل

سر جنرل ڈاکٹر علی ایچ ملک

ایم بی بی ایس (پشاور) ایف سی پی ایس (جنرل سرجری) ایڈی ریڈنگ ہسپتال

جنرل ایڈیٹیو اسکوپس سرجن

سر ڈیپٹی ہیڈ سرجن ڈی ایچ ایچ کے ایچنگ ہسپتال چارسدہ

ماہر امراض معدہ، لیگ، پنا آنت، گروہ، مٹائ، ایسیر، پراسٹیت، اپنڈیکس

کھنکھ، ہرنیا، مٹھری، چھاتی، کنسر سرجری، آنکھ، سین ایڈ، قہقہ، ایڈ

کلینک:

کمرہ نمبر 9 چوتھی منزل صوبہ میڈیکل سٹریٹ، بگری گارڈن پشاور

دو پہر 3 سے شام 7 (پیر تا ہفتہ)



PMDC#19032-N

Name Khatija Age _____ Sex F Date 3, 7 - 2023

Rx

Mr Z fall

Cash injury

(R) foot

WEDS D.D. x GA.

M.R. # : 23-19421

Patient: KHATIJA

D/O :

Ref. By: Dr : Ali.H.Malik

Requird: Blood Complete, HBsAg (ICT), HCV Ab (ICT)

Lab ID : 44569

Gender: Female

Age : 6 Years

Sample Date : 03-07-2023 05:39PM

Report Date : 03-07-2023 05:40PM

Specimen : BLOOD

Sample Source : LCL

Test	Value	Unit	Normal Range
Blood Complete			
Haemoglobin	10.3	gm/dL	Male:14 --18, Female: 12--
Total Leukocytes Count	13100	/cmm	4000 - 11000
Platelets count	477000	/cmm	150,000 - 450,000
Differential Leukocytes Count			
Neutrophils	68	%	Adult: 40 - 70 Child: 20 - 4
Lymphocytes	26	%	Adult: 20 - 40 Child: 40 - 7
Eosinophils	04	%	02 - 06
Monocytes	02	%	01 - 06
Absolute Values			
RBC	3.86	million/cmm	3.5 - 6.0
PCV (HCT)	30.2	%	Male:40 - 55 Female:35 - 4
MCV	78.4	fL	76.0 - 96.0
MCH	25.3	pg	27.0 - 32.0
MCHC	32.4	g/dL	30.0 - 35.0