

Consent

I, Mr. /Ms. /Mrs. _____ .. give my consent for the CONVENTIONAL TEST to be performed on me.

This information sheet has facilitated my understanding of this procedure, by understanding the meaning of it, and the risks that it involves, I affirm that I am fully aware, as articles of the law ,8, 9 and 10, 41/2002, November 14th, that states that any patient should have the right and obligation to be informed with clinical documentation, after being entirely clarified with all my doubts on a personal interview with Dr. _____

I have also received an answer to all of my questions, having taken the decision free willingly and voluntarily.

Madrid, to	from		from
WITNESS	PATIENT		DOCTOR
I.D:	I.D:		Dr.:
Signed:	Signed:		Professional License Number:
			Signed:

LEGAL REPRESENTATION

I.D:
Signed:

Denial or Revocation

I, Mr. /Ms. /Mrs. _____ . After being informed of the risks that the procedure holds, I deliberately deny/revoke (scribble what you will not proceed with), being fully aware of the consequences that will come along with this decision.

Madrid, to	from		from
WITNESS	PATIENT		DOCTOR
I.D:	I.D:		Dr.:
Signed:	Signed:		Professional License Number:
			Signed:

LEGAL REPRESENTATION

I.D:
Signed: