

	<h1>Bureau of Corrections</h1>	Document Reference Code <b>NBP-PR-008-F065</b>	
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<b>CONSENT FOR ADMISSION</b>		Page 1 of 1	

## CONSENT

**TO WHOM IT MAY CONCERN:**

I..... of .....  
 (single/married/widow/divorced), Do hereby voluntarily give my CONSENT, without any influence or intimidation by any person, to any diagnostic test, treatment , including blood transfusion or operation, or all of them performed upon my ..... by any member of the HOSPITAL STAFF. I understand that the member performing the test, treatment including blood transfusion, or all of them will not be liable or charged by should any, that I or my relative or guardian may claim as a result of the said test, treatment including blood transfusion or operation.

IN WITNESS HEREOF, I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_ 2017, at the NBP Hospital.

\_\_\_\_\_  
 (Signature of patient o person giving free consent or his/her “Thumb mark”)

**IN THE PRESENCE OF:**

.....  
 WITNESS

\_\_\_\_\_  
 INTERPRETER

.....  
 WITNESS

**NOTE:** In case the patient lacks the necessary education in English, the statement in this Form must be translated to him or her in his or her dialect.