

	<h1>Bureau of Corrections</h1>	Document Reference Code NBP-WI-004-F092	
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CONSENT FOR OPERATION/ANESTHESIA		Page 1 of 1	

CONSENT FOR OPERATION/ANESTHESIA

To Whom It May Concern:

Be it known that I _____ of legal age _____ years old.
 (single/married/widow) do hereby give consent for operation under (type of Anesthesia)
 _____ to be performed upon me my _____ without any
 influence or intimidation by any member of the hospital staff of the New Bilibid Prisons
 Hospital/OPPF Hospitals and that Surgery Team performing the operation will not be
 liable criminally or administratively.

That I or my guardian may claim as a result of the surgical intervention.

IN WITNESS WHEREOF I have hereunto set my hand this _____ day of _____, 2017
 at NBP Hospital in the presence of

1. _____
 Witness

2. _____
 Witness

 Signature of patient
 to be operated or
 person giving free
 operation consent