Deemed Consent (Signing Date: 1-4-1971)

In the name of God, Most Merciful, Most Gracious.

I, the undersigned, hereby consent to the treatment and procedures to be undertaken on my behalf, in accordance with the doctors' recommendations and the policies of the hospital.

I understand that the treatment involves the following:

- Treatment Name: ___________________________
- Treatment Date: ___________________________
- Treatment Place: ___________________________

I further understand that I have the right to refuse treatment at any time and that I can request a second opinion.

I authorize the hospital to release any necessary medical information to the treatment providers.

I hereby agree to the above terms and conditions.

Signature: __________________________
Date: __________________________

Witness: __________________________
Date: __________________________

Interpreter Information: (To be completed by Inova staff, if applicable): No Interpreter Required

In person ☐ Telephonic ☐ Video Interpreter name/ID number if applicable ☐ Patient/Designated Decision Maker was offered and refused interpreter ☐ Waiver signed ☐

Inova

Patient Rights and Responsibilities

URDU