

# Blood Transfusion Procedure Consent Form

## Patient Information

Full Name:

Date of Birth:

Patient ID/Number:

## Consent

I acknowledge that the doctor has explained the reasons for recommending a blood transfusion, including its benefits, risks, and potential alternatives. I have had the opportunity to ask questions and have received answers to my satisfaction.

- I confirm that I understand the information provided above.
- I hereby give my consent to undergo a blood transfusion procedure.

## Signatures

Patient/Guardian Signature:

Date:

Witness Signature:

**Submit**