

# 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