GENERAL EXAMINATION

Informed Consent Document

Form No: MOF-001 **Rev. No / Date:** 2026 v09 / 10.07.2026

PATIENT PROTOCOL NO		DATE	
TURKISH ID / PASSPORT NO		DATE OF BIRTH	
PATIENT'S FULL NAME		SEX	
DIAGNOSIS			

My doctor has informed me in detail about the following matters:

- The probable causes of my illness and how it is likely to progress
- How the treatment will be carried out, its estimated duration and cost, and that a consultation with other physicians may be requested if deemed necessary
- Other diagnostic and treatment options, the benefits and risks these options entail, and their possible effects on my health
- Possible side effects and complications
- The possible benefits and risks that may arise if I refuse treatment
- The important properties of the medications to be used
- Lifestyle recommendations that are critical for my health or complementary to my treatment
- That, during the intervention(s) and/or treatment(s) planned by my doctor, situation(s) may be encountered that require additional interventions and treatments beyond those planned
- How I can access medical assistance on the same matter when needed

I have been informed about my illness and the treatment process. I have understood the information conveyed to me verbally, and I have received information on the matters I wished to learn about. I have informed my doctor that I have no further questions. **Of my own free will, I give my consent to this examination.**

Signatures

	Full Name	Signature	Date / Time
Patient			
Patient's Legal Representative / Relative (Relationship: .....)			
Responsible Physician	**Dr. Özgür Akşan**		