



Patient Consent / Declaration Form

I / We hereby declare that we have approached Bharat Treatment on our own choice/ decision to help/facilitate us for getting / availing treatment in India / abroad. I/We also declare that we have decided to choose _____ Hospital on our own decision for getting myself / my patient's treatment done in this hospital.

Under no circumstances, I would not hold Bharat Treatment nor any of its Directors / Partners / Employees / Associates legally liable for the treatment outcome as Bharat Treatment is not the treating institution and also not hold the treating Doctors of the treating Hospital legally liable for the treatment outcome, in spite of their best efforts to provide the best treatment options & services. I am also fully aware of the fact that Bharat Treatment is just facilitating my treatment procedures in India / abroad & not the treating institution.

I hold myself / on behalf of my patient, responsible for the treatment outcome, as the entire decision of choosing the above mentioned hospital was done by me for myself / on behalf of my patient. I had evaluated the entire treatment / procedure options & there was no external influence on me to undertake my decision to choose the above mentioned Hospital as my preferred hospital for undergoing treatment.

Signature of Patient / Patient Party

Signature/Stamp of Associate

Relationship with Patient: