





HD.RB.52 | YT:14.01.2015 | REV.NO:01 | REV.T: 18.04.2022 | S.NO: 1/2

prepared in 2 copies in accordance with Article 70 of Law No. 1219 and Article 26 of the Turkish Penal Code No. 5237, and one copy has been given to the patient/legal representative of the patient.

**I HAVE BEEN INFORMED ABOUT THE TREATMENT RELATED TO MY ILLNESS, AND I HAVE READ AND UNDERSTOOD THIS FORM. I ACCEPT THE TREATMENT**

(Note: This statement will be printed below in the patient's/family member's **OWN HANDWRITING..**)

.....

THE NAME AND SURNAME OF THE  
PATIENT/PATIENT'S RELATIVE/  
PATIENT'S GUARDIAN:.....

THE NAME AND SURNAME OF THE  
PHYSICIAN PROVIDING THE INFORMATION.

DATE:.....  
TIME:.....

.....  
DATE:.....  
TIME:.....

SIGNATURE

SIGNATURE