

CONSENT TO MEDICAL ACTION

The undersigned below, my name Ayu Wanda Hamidah, age
24 years old, ~~male~~/female, address Jl. Tanah Merah Indah sayur 9 No. 3 A
hereby agree that my case/ my mother case, named Dede Nurlela
age 54 years old, ~~male~~/female, address Jl. Tanah Merah Indah sayur 9 No. 3 A
will be published to improve the knowledge of health professionals.

I understand the necessity and benefit of such action as it has been explained to me,
including the risks that may arise. I have had the opportunity to ask questions and have received
satisfactory answers.

Surabaya, 16 December 2022

Witness,

Nurse,

Family,

Doctor,

Patient/Guardian,

Endang Retno

Endang Retno

Dr. Drestha P.W.

Dr. Drestha P.W.

Ayu Wanda Hamidah

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