



Patient consent form

I _____ son of/ wife of/ daughter of _____

Age: _____ Resident of _____

_____ Phone: _____ do hereby confirm

& mark as under: -

Please indicate yes/ no

1. Pelvi Center Contra-indications Absolutely no Go's.

- Pregnancy Yes/No _____
- Metal Implants between knee and neck Yes/No _____
- Electronically controlled Implants between knee and neck Yes/No _____
- Surgical operation < 3 weeks Yes/No _____
- Severe cardiac arrhythmias Yes/No _____
- Epilepsy Yes/No _____

2. Contra-indications Relatively no GO

- Menstrual Yes/No _____
- Acute urinary tract infection Yes/No _____
- Painful haemorrhoids Yes/No _____
- Febrile infection Yes/No _____

Signature: _____

Name: _____

In case of doubts, It is strongly recommended that patients will do a discussion with their responsible doctors, to clarify, whether a treatment with the PelviCenter is possible or not. The operator is not able to decide.

The patient is not affected by the contra-indication and PelviCenter treatment is permitted.

DATE: _____

PLACE: _____



Sign & Seal of Doctor

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