

CONSENT FOR ONLINE CONSULTATION

I, _____, voluntarily request and consent to receive an online consultation from **Dr Vasant Patil, Chief Consultant, Atreya Ayurveda and Panchakarma Center.**

I understand and acknowledge the following:

1. Online consultation is **not a substitute for direct physical examination** and in-person consultation.
2. The advice provided is based on the **information shared by me**, and its accuracy depends on the completeness and correctness of the details provided.
3. I have been informed that certain conditions may require **in-person evaluation, investigations, or emergency care**, and I will seek appropriate medical attention if advised.
4. I understand that **results of treatment may vary** depending on individual health conditions, compliance, and other factors.
5. I agree to **follow the prescribed treatment responsibly** and inform the doctor in case of any unusual symptoms or lack of improvement.
6. I understand that while utmost care is taken, **no guarantee of cure or outcome is implied.**
7. In case of any adverse effects, complications, or unexpected outcomes arising due to individual response, incomplete disclosure, or non-compliance, I agree that the consulting doctor shall **not be held liable.**

I hereby give my **informed consent** for online consultation and treatment.

Patient Name: _____

Age / **Gender:** _____

Contact Number: _____

Date: _____

Signature: _____