

**RCCA-PATIENT CONSENT FORM**

**(FOR ADMINISTRATION OF CHEMOTHERAPY AND NON-CHEMOTHERAPY DRUGS)**

I, \_\_\_\_\_ hereby consent and authorize

Dr. \_\_\_\_\_ or his/her associates and nurses, as may be delegated by him/her to administer to me chemotherapy or non-chemotherapy drugs in the form of

\_\_\_\_\_

My physician has explained to me the diagnosis of my condition, the nature of chemotherapy or non-chemotherapy treatment recommended; the material risks and benefits associated with the treatment, including the alternatives, if any, the likelihood of success with the treatment and the likely outcome of not having the treatment.

I certify that I have read and fully understand the above information and that my physician has provided me with the explanation referred to above. I specifically consent to the administration of the chemotherapy or non-chemotherapy drug treatment.

\_\_\_\_\_

**Patient's Signature & Print Name**

\_\_\_\_\_

**Date/Time**

\_\_\_\_\_

**Witness**

\_\_\_\_\_

**Date/Time**

\_\_\_\_\_

In the event the above named patient is unable to sign for the following reason(s) (i.e., medical emergency, patient unconscious, incompetent, etc.), the above consent is given on behalf of the patient by:

\_\_\_\_\_

**Relative/Representative and Relationship**

\_\_\_\_\_

**Date/Time**

\_\_\_\_\_

**Witness**

\_\_\_\_\_

**Date/Time**