



RCCA-PATIENT CONSENT FORM

(FOR ADMINISTRATION OF CHEMOTHERAPY AND NON-CHEMOTHERAPY DRUGS)

I, _____, Date of Birth _____ 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 brand, equivalent, generic, reference or biosimilar

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