



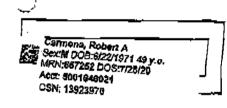


	•					
	CHEMOTHERAPY INFORMED CONSENT					
I hereby authorize Dr.	Cabas - Vavaus and or associates or assistants of his/her					
choice, to administer to m	the following chemotherapy consisting of the following drugs.					
•						
	I. <u>Cimzia injections</u> .					
	2					
	3.					
	4					
	5.					
	6					
and drawbacks including complications, likelihood alternatives, including pt guarantees or assurances is to ask questions, and all of I understand that during the planned chamotherapy is physician. I understand that the med	of my diagnosis, name and purpose of the champiterapy infusion. The potential benefits the impact on daily activities related to recuperation have been discussed. The of success, discomfints and possible risks that may arise have been addressed. The said results of non treatment have been reviewed with me. I acknowledge that no avalates given to me about the champiterapy infusion. I have been given the opportunity my questions have been answered fully and satisfacturily. The course of this chemotherapy, unforesten conditions may arise which could require the be altered. All alterations of the proposed plan will be discussed with me by my ideations prescribed by my physician can have short term and long term side effects. My about the following side effects that I might experience because of my chemotherapy.					
Names / Vamiling Anomis / Low Red B! Risk of Infection Poor Appetite Rash Numbress/ting/ing	Hair Loss/thinning Hair Loss/thinning Fatigue Mouth Screes Diarrhea/Countingtion Bleeding/low platelet counts Other					
I also understand that I ma	y stop trentament at any time.					
Patient/Relative Signature	What (newer Door 7/28/20					
Relationship, if not patter	Date:					
Physician Signature:	128/2020 Date: 7/28/2020					
Witness to Patient Signatu	Date 7/28/20					



Form/TCCC/Chemotherapy Informed Concent/EE-6m/6/x0





Informed Consent for Infusion
Center Treatment

ercby give my consent and amhorize; Dr. Color Vavaus and those who he/she may designate as ociates or assistants and Garnet Health Medical Center (Hospital) and its staff to perform the following
stment upon: Carmona Robert (Parient's name).
escribe the treatment in both clinical and laymen's terms. No Acronyms or Abbreviations):
Medication administrations - Cinzie injects.
ive permission with full knowledge and understanding thereof. I understand that medicine is not an exact science and that are is the possibility that the treatment may not have the benefits or results intended. I am also aware that there are always its and dangers to life and health associated generally with the, use of medication, and treatments which can cause adverse exequences not ordinarily anticipated in advance, but I give this permission with full assent nevertheless.
rigning below, I confirm that I fully understand the information provided to me, my questions have been answered, and I we my consent to the treatment(s) specified above. 29/20
128/2D AM (Winters Signanus) (Winters Signanus) (Printed Name)
Mark this box if interpreter was involved (Interpreter ID #)
ive discussed the nature and purpose and the reasonably foresemble risks and benefits of the treatment(s), the alternatives, luding not performing the treatment(s), as well as the risks and benefits of the alternatives; and I am satisfied that the patient he patient's legal representative who signed above understands them.
- Lewis
parine of Physician Appropriately Sectional Practicioner Providing Explanation) L. Management/nam/March 2016

NoNo. 2516 P. P. 1/6

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Jul. 29. 2020 1:01PM



Fax

To:	Garnet Health Doctors: RHEUMATOLOGY	Fax:	(845) 333 7201	
From:	Outpatient Infusion Center			
	Phone: (845) 333 1150			
•	Infusion inbound fax: (845) 333 9400			
Date:	<u>. </u>	Total Pa	ges (including cover);	
Subject:				
Notes:				•

This transmission is intended only for the individual to whom it is addressed, and may contain a patient's protected health information ("PHF") or other confidential information. If you are not the intended recipient, or the person responsible for delivering this transmission to the intended recipient, please (a) notify the sender immediately by telephone, and (b) served or otherwise destroy this transmission immediately afterward. Thank you.