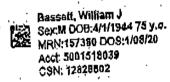


Informed Consent for Infusion Center Treatment



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I hereby give my consent and authorize: Dr and those who he/she may designate as
associates or assistants and Orange Regional Medical Center (Hospital) and its staff to perform the following
treatment upon William Bassett
(Patient's name)
(Describe the treatment in both chinical and laymen's terms. No Acronyms or Abbreviations):
Wacress, & Mederat
adminstration
I give permission with full knowledge and understanding thereof. I understand that medicine is not an exact science and that there is the possibility that the treatment may not have the benefits or results intended. I am also aware that there are always risks and dangers to life and health associated generally with the, use of medication, and treatments which can cause adverse consequences not ordinarily anticipated in advance, but I give this poundation with full assent nevertheless.
By signing below, I confirm that I fully understand the information provided to me, my questions have been answered, and I give my consent to the treatment(s) specified above. One
(Dato) (Time) (Witness Signature) (Printed Name)
Mark this box if interpreter was involved (Interpreter ID #)
I have discussed the nature and purpose and the reasonably foresceable risks and benefits of the treatment(s), the alternatives, including not performing the treatment(s), as well as the risks and benefits of the alternatives; and I am satisfied that the patient or the patient's legal representative who signed above understands them.
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(Signature of Physician Appropriately Credentialed Practitioner Providing Explanation)