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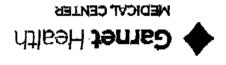
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Physician Signature:





Camnons, Robert A

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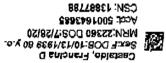
Garnet Health Medical Center

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	Phone : (845) 333 1150			
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◆ Garnet Health MEDICAL CENTER

CHEMOTHERAPY INFORMED CONSENT

I hereby suthorize Dr.

I hereby suthorize Dr.

choice, to administer to me the following chemotherapy consisting of the following drugs.

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I have been fully informed of my diagnosis, nature and purpose of the chemotherapy infusion. The potential benefits and drawbacks including the impact on daily activities related to recuperation have been discussed. The complications, likelihood of success, discomforts and possible risks that may arise have been addressed. The alternatives, including possible results of non treatment have been reviewed with me. I acknowledge that no guarantees or assurances have been given to me about the chemotherapy infusion. I have been given the opportunity to assurances and all of my questions have been answered fully and satisfactorily.

I understand that during the course of this chemotherapy, unforeseen conditions may suize which could require the planned chemotherapy to be aftered. All alterations of the proposed plan will be discussed with me by my my substitute.

I understand that the medications prescribed by my physician can have short term and long term side officers. My physician has educated me about the following side effects that I might experience because of my chemotherapy.

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120/cm	Physician Signature:
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	I also understand that I may stop treatment at any time.
Other	
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gninnin/225/lish Haingue	Meuses / Vorming Mentalia / Low Red Blood Cells

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MEDICAL CENTER Garnet Health

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(842) 333 \501

Garnet Health Doctors: RHEUMATOLOGY

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Phone: (845) 333 1150

Outpatient Influsion Center

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