NOTICE TO INDIVIDUAL: The purpose of this form is to record the nature of the services to be provided for which your written consent is needed and to make sure that you know who is to perform these services and where they are to be performed. The form also records that someone has explained to you any risks associated with these services and why the services are needed. Please read the form carefully and ask questions if you do not understand any part of it.

1.	I, (individual's/authorized person's name)	, consent to and authorize the
	performance on/administration to (individual's name)	, of the following
	services (describe services to be rendered):	
2.	I understand that these services are to be carried out at (facility na	ame) , or under the
	supervision of (physician's name)	
	I understand that (physican's name)	
	delegate the performance of all or part of the services to other emp	
	consistent with their respective professional education, experience	
	consistent man area responsive professional education, expensives	
3. In the course of the provision of these services it may become necessary to perform additional services without stee explain why and to request consent. I authorize the physicians and staff to use their judgement and do whatever to advisable in my best interests except that (list any exceptions):		
l .	The nature and purpose of the services, possible alternative methods of achieving this purpose, risks involved, and any possibility of a complication have been explained to me by (physician's name) and I understand the explanation. It has also been explained to me that my refusal to consent to any of the above services may result in these consequences:	
	No guarantees or assurances have been made to me as to the rest that an undesirable result does not necessarily indicate an error in This consent is valid until	judgement.
6.		, diffess it is revoked in writing prior to that time.
	(calendar date)	
ha	ave read this consent form and I understand it. The explanations ref	erred to above were given to me before I signed this form.
	Witness to signature	(Individual or authorized person)
Da	te:	(Capacity of authorized person)
Tir	me:	(Capacity of authorized person)
	Individual did not sign this consen	because:

IL 462-0012 (R-01-10) Page 1 of 1