

Treatment Consent

I/we are providing consent for _____
(Patient's Name)

to receive treatment for _____
(Reason for treatment)

I/we understand the following:

- That I/we have been fully informed about the nature of the treatment, the risks and benefits, and the available treatment options.
- That I/we have had the opportunity to have all questions answered to my/our satisfaction.
- That this consent is given voluntarily.
- That I am legally competent and have the authority to provide consent for treatment.
- That I have the right to withdraw my consent for this treatment at any time.

This consent was signed by: _____
(PRINT NAME PLEASE)

Signature: _____

Date: _____

Witness: _____

Date: _____