



CONSENT TO RECEIVE [insert name of drug / device]

I
(name of patient or parent / guardian)

consent to receive [insert name of drug / device] for the [insert purpose].

- I understand that this product is not approved for use in Australia but that use of the product has been approved under the provisions of section 19(5) or section 41HC of the Therapeutic Goods Act 1989.
- I understand that Dr [insert name] has Authorised Prescriber status from the Therapeutic Goods Administration to prescribe this product.
- I understand that the reported side effects / reactions to [insert name of drug / device] are generally mild and of short duration and may include:
 - [list known side effects and adverse reactions as identified in product information or data sheet]
- I confirm that the above statements have been explained to me and with this knowledge I agree to administration of the product to me.

Patients' name

Signature of patient **Date**
(or parent / guardian)

Signature of witness **Date**

I have explained the above statements to the patient or the patient/s parent / guardian.

Treating physician

Signature **Date**

This form should be kept on the patient's file