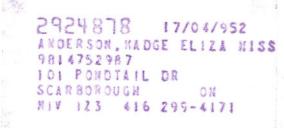


University Health Network

Toronto General Hospital Toronto Western Hospital Princess Margaret Hospital

CONSENT TO TREATMENT



	Addressograph
I, hereby author	ize to perform the proposed
procedure(s) described below (including all prelimin	ary and related procedures, and any additional or alternative
procedures as may become medically necessary di	uring the course of the diagnostic procedure and/or treatment).
tholographs of	(R) by for publication in
a feelical Journa	el.
health practitioners-in-training to participate in my c other health practitioner) may call upon the assistar	teaching hospital. I therefore give consent for supervised are. I further agree that at his/her discretion, my physician (or nice of other hospital staff as appropriate, and may allow them to ure(s) and/or treatment(s) and they shall have the same discretion her.
I confirm that the nature of the treatment(s), expecterisks, alternative courses of action, as well as the courses of action, as well as the courses of action, as well as the course of action action as the course of action action action as the course of action actio	ed benefits, material side effects, material risks, special or unusua onsequences of not having the treatment, have been explained to
me by <u>S. SIDO4A</u> .	in a manner that I understand.
(Health Practitioner)	
16/20068	and the state of t
Date	Signature of Patient/Substitute Decision Maker If patient is U.S. or foreign resident, please complete the reverse side of this form.
If Substitute Decision Maker, state relationship	M. Brokeson
Name of Interpreter (Please Print)	Signature of Interpreter
TO BE COMPLETED BY PHYSICIAN/HEALTH PRA	CTITIONER
	S. 1987 8 1
	tment(s), expected benefits, material side effects, the material action as well as the likely consequences of not having the
patient.) I confirm that I have explained the nature of the trea risks, special or unusual risks, alternative courses of	tment(s), expected benefits, material side effects, the material

*Note to Health Practitioner (HP) regarding Consent for Future Research Form attached hereto (Form 2019K): 1.

The HP proposing the treatment or his/her delegate is requested to discuss with the patient and administer the Research Consent Form.

2. <u>For patients proceeding to Pre-Admission:</u> Pre-Admission staff will administer the Research Consent Form, if not already completed.

