



# University Health Network

Toronto General Hospital Toronto Western Hospital Princess Margaret Hospital

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Addressograph

## CONSENT TO TREATMENT

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_ to perform the proposed procedure(s) described below (including all preliminary and related procedures, and any additional or alternative procedures as may become medically necessary during the course of the diagnostic procedure and/or treatment).

*Photographs of R leg for publication in a medical Journal.*

I understand that the University Health Network is a teaching hospital. I therefore give consent for supervised health practitioners-in-training to participate in my care. I further agree that at his/her discretion, my physician (or other health practitioner) may call upon the assistance of other hospital staff as appropriate, and may allow them to order or perform all or part of the diagnostic procedure(s) and/or treatment(s) and they shall have the same discretion in my investigation/treatment as my health practitioner.

I confirm that the nature of the treatment(s), expected benefits, material side effects, material risks, special or unusual risks, alternative courses of action, as well as the consequences of not having the treatment, have been explained to me by S. SIDORA in a manner that I understand.  
(Health Practitioner)

16/04/09  
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

Name of Interpreter (Please Print)

*M. Anderson*  
Signature of Interpreter

### TO BE COMPLETED BY PHYSICIAN/HEALTH PRACTITIONER

(N.B. Failure to complete this portion of the consent form may result in the withholding of treatment to this patient.)

I confirm that I have explained the nature of the treatment(s), expected benefits, material side effects, the material risks, special or unusual risks, alternative courses of action as well as the likely consequences of not having the treatment and answered all questions.

16/04/09  
Date

*Sid*  
Health Practitioner

\*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. For patients proceeding to Pre-Admission: Pre-Admission staff will administer the Research Consent Form, if not already completed.

