

JUPITER HEMATOLOGY & ONCOLOGY ASSOCIATES

SERVING OUR COMMUNITY FOR 28 YEARS

ELIZABETH A. REICH, M.D. HENRY J. SHAPIRO, M.D. JUAN E. SANCHEZ, M.D. ANDRES E. CANOVA, M.D.

Consent for Administration of Treatment (Non Chemotherapy)

I authorize Jupiter Hematology & Oncology Associates to administer treatment. I have discussed fully the nature and purpose of this treatment with Dr. Elizabeth Reich, Dr. Henry Shapiro, Dr. Juan Sanchez and/or Dr. Andres Canova.

The side effects and risks have been explained to me in as much detail as I desire. I acknowledge and understand that no guarantee or assurance has been made as to the results that may be obtained. If any unforeseen condition arises from the treatment which requires emergency medical intervention, I further authorize the performance of such treatments.

I have read all of the above and I have asked questions and received answers to my Satisfaction.

Name of Patient:

Signature of Patient:

Witness Signature:

Date: