



Beaufort Memorial KEYSERLING CANCER CENTER

CONSENT TO RADIATION THERAPY

(Cross out anything below which does not apply)

1. I request and authorize Dr. _____, my/the patient's Radiation Oncology Attending Physician, and such assistants as may be designated, to administer RADIATION THERAPY to:
Name of Patient _____, and to continue such treatment as he/she deems advisable.
2. I have had an opportunity to ask and have had those questions answered, and have received sufficient information so that I have a general understanding of:
 - a) My/the patient's medical condition,
 - b) The nature of radiation therapy,
 - c) The benefits of radiation therapy,
 - d) The usual and most frequent risks of radiation therapy,
 - e) The risks and benefits of alternative treatment(s)
 - f) The prognosis of my/the patient's condition with and without radiation therapy
3. Based on my discussion with my/the patient's physician and information I have received, I give my consent to radiation therapy.
4. I understand that radiation is potent in destroying tissue, I am aware that the practice of medicine is not an exact science, and I acknowledge that no guarantees or assurances have been given by anyone as to the results that may be obtained.
5. I understand that permanent markings may be placed on my/the patient's skin to aid in treatment.
6. I give permission for observers to be admitted to the treatment room for the purpose of advancing medical education. I give the permission for the Beaufort Memorial Department of Radiation Oncology staff to make and use any photographic or other illustrations of the patient, for diagnostic, scientific, educational or research purposes, provided the patient's identity is kept confidential.
7. I confirm that I have had the opportunity to read this form or that it was read to me, and that all paragraphs that do not apply were crossed out before I signed below.

Signed _____
(Patient or person authorized to sign for patient)

Date _____

Relationship _____

Physician Signature _____

Date _____

Witness Signature _____

Date _____

Formed: 12/3/09; 10/11/10

