THE RETREAT AT PONTE VEDRA BEACH

Medication Informed Consent Form

Consent for Treatment With:

(Medication, Dose Range)

I, _____, am a patient of Dr. Randazzo- Burton / Winings (circle one).

Dr. Randazzo- Burton / Winings (circle one) has informed me that she recommends that I receive the medication above for the treatment of my illness. She has informed me of the nature of the treatment and has explained to me the risks of possible side effects, including

She specifically discussed the risk of :

I understand that although Dr. Randazzo- Burton / Winings (circle one) has explained the most common side effects of this treatment to me, there may be other side effects, and that I should promptly inform Dr. Randazzo- Burton / Winings (circle one) or another member of the staff if there are any unexpected changes in my condition.

Alternatives (_____) to this treatment were discussed, including the option of no treatment. I understand that I may not be compelled to take this medication and that I may decide to stop taking it at any time. I will make every effort to notify my doctor if cannot take this medication.

I also understand that although Dr. Randazzo- Burton / Winings (circle one) believes that this medication will help me, there is no guarantee as to the results that may be expected. On this basis, I authorize Dr. Randazzo- Burton / Winings (circle one) or anyone authorized by her to administer the medication listed above at such intervals as she deems advisable.

PATIENT UNDER 18 PRINTED NAME

_____ Date of Birth_____/_____/_____

FOR PARENTS/GUARDIANS OF PATIENTS UNDER 18 YEARS OLD:

I hereby (i) certify that I am a parent or guardian with legal responsibility for the individual identified above, (ii) consent that the individual identified above may take medication as described in this consent, and (iii) agree to be bound by all the terms and conditions in this Agreement on behalf of the individual identified above, myself and my heirs, dependents, spouse/partner or other next of kin, other parent(s) or guardian(s), representatives, executors, successors and assigns.

Patient Signature	Printed Name	Date
Required Parent/Guardian Signature 1	Printed Name	Date
Optional Parent/Guardian Signature 2	Printed Name	Date
Witness Signature	Printed Name	Date