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Internal Medicine, Hematology and Medical Oncology

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I, _____ hereby consent and authorize Dr. _____ or his/her associates and nurses, as may be delegated by him/her to administer to me chemotherapy in the form of _____

My physician, or his/her associates and nurses, has explained to me the diagnosis of my condition, the nature of chemotherapy treatment recommended, the material risks and benefits associated with the chemotherapy, including the alternatives, if any, the likelihood of success with the treatment and the likely outcome of not having the treatment.

I certify that I have read and fully understand the above information and that my physician or his/her associates and nurses has provided me with the explanation referred to above. I specifically consent to the administration of chemotherapy.

Patient's Signature

Date/Time

Patient Name (Print)

Witness

Date/Time

In the event the above named patient is an unemancipated minor, or is unable to sign for the following reason(s): (I.e. medical emergency, patient unconscious, incompetent, etc.):

The above consent is given on behalf of the patient by:

Relative/Representative

Date/Time

Witness*

Date/Time

*Witness required only for telephone/telegraph consent

