



## Merriwa Medical Centre

I \_\_\_\_\_ (full name) acknowledge that the nature, & purpose of the Iron Infusion Treatment has been explained to me. The possible alternative treatments, the risks & benefits involved have been discussed.

I have been provided with written information regarding the iron infusion & have had time to discuss the treatment & alternatives with my GP.

I understand the potential side effects as discussed with my GP, & know that I may withdraw my consent to the infusion at any time prior to commencing the infusion.

The cost of the infusion is \$120.00 payable to the clinic, & I have been made aware that this cost is not reimbursed through Medicare or DVA & is payable on the day prior to commencing my treatment.

I \_\_\_\_\_ consent to the Intravenous Iron Infusion

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Provider number: \_\_\_\_\_

Date: \_\_\_\_\_