Authorised Prescriber Consent Form

**CONSENT TO RECEIVE [insert name of drug / device]**

I ………………………………………………………………………………………………

(name of patient or parent / guardian)

consent to receive [insert name of drug / device] for the [insert purpose].

* I understand that this product is not approved for use in Australia but that use of the product has been approved under the provisions of section 19(5) or section 41HC of the Therapeutic Goods Act 1989. The TGA has not evaluated the “unapproved” good’s safety, quality and efficacy.
* I understand that Dr [insert name] has Authorised Prescriber status from the Therapeutic Goods Administration to prescribe this product.
* I understand that the following approved therapeutic goods options are available: [delete if not applicable]
	+ [list approved therapeutic goods options] [delete if not applicable]
* I understand that the reported side effects / reactions to [insert name of drug / device] may include:
	+ [list known side effects and adverse reactions as identified in product information or data sheet]
* I understand that the possible risks to use of [insert name of drug / device] may include:
	+ [list possible risks]
* I understand that the possible benefits to use of [insert name of drug / device] may include:
	+ [list possible benefits]
* I understand there is a possibility that there are unknown side effects to use of [insert name of drug / device].
* I confirm that the above statements have been explained to me and with this knowledge I agree to administration of the product to me.

**Patients’ name** ………………………………………………………………………………..............

**Signature of patient** ……………………………………………… **Date** ……………………………

(or parent / guardian)

**Signature of witness** …………………………………………….. **Date** …………………………..

I have explained the above statements to the patient or the patient/s parent / guardian.

**Treating physician name** ……………………………………………………………………………

**Signature** ……………………………………………………………. **Date** ………………….……..

## This form should be kept on the patient’s file