

INFORMED CLIENT CONSENT TO DISPENSE COMPOUNDED PRODUCT

Client/Patient Information

Client Information:	
Name:	
Address:	
Phone/Fax/ Email:	

Description of the Compounded Product

Description of the compounded product: Applies to any compounded drug recommended by provider- Check Pt Chart If applicable: Pharmacy that prepared the product: Varies

Declaration of Consent

I hereby acknowledge that my provider, **Jennifer Johnson, APRN**, has advised me of and explained the following (check off as each item is discussed):

- I understand the proposed compounded product is not approved by FDA and consequently may be associated with greater risk. This product has not undergone rigorous testing for efficacy and stability.
- I understand the reasons for utilizing the compounded product, its potential risks and benefits, other alternative treatment(s) and the probable consequences, which may occur if the proposed medication is not administered.
- I understand the risks associated with handling the product.

My questions have been answered, I have read or had explained to me and fully understand the information on this form and declare that I agree that the compounded product as described above is appropriate for myself. This consent is valid until I revoke it or conditions change to the point that all risks and benefits are significantly different.

Signed: _____ Date: _____

Signature of Patient

Signed _____ Date: _____

Signature of Provider