



INFORMED PATIENT CONSENT FOR RADIOACTIVE IODINE THERAPY (I-131)

Name _____ DOB _____

Address _____

Patient Consent

I agree to undergo Radioactive Iodine Therapy (I-131). I acknowledge and confirm that:

- Dr _____ has explained the nature and effect and risks of
(Name of Nuclear Medicine Physician)
the procedure to me
- I am satisfied with the explanation
- I have no more questions about the procedure

Signature _____ Date _____
(Patient)

Name _____
(Interpreter if used)

Qualification _____
(Interpreter if used)

Signature _____ Date _____
(Interpreter if used)

If this consent is given by a person other than the patient please state the reason:

Note that a parent or guardian normally completes a consent form for a person under 18 years. If a person under 18 wishes to sign their consent they can if they are living independently or are assessed by the Nuclear Medicine Physician as having sufficient maturity and understanding to consent.