

Central West Shopping Centre T22, 65-67 Ashley Street Braybrook VIC 3019 Phone: (03) 7036 2450 Fax: (03) 7036 2451 info@maxwellmedical.com.au

Consent Form

15th September 2023

Name: DOB: Address:

I, _____consent to an infusion of Ferric Carboxymaltose (Ferinject).

I confirm that the risks, benefits and potential side effects have been discussed with me, and I consent to the procedure.

Signed: _____

Euan Mabon

GP signature: _____