

Informed Consent and Liability Waiver for Off-Label Medication Use

Patient Name: _____

Date of Birth: _____

Medication Name: _____

Proposed Use/Indication: _____

I, the undersigned patient (or legal guardian), acknowledge that my healthcare provider has recommended the medication listed above for a purpose or at a dosage not specifically approved by the U.S. Food and Drug Administration (FDA). This is known as "off-label" use.

I understand and acknowledge the following:

- The FDA approves drugs for specific indications based on clinical trials; however, physicians may legally prescribe drugs for other uses when they judge it to be medically appropriate.
- The risks, benefits, and potential side effects of using this medication for my specific condition may not be fully documented or as well-established as FDA-approved uses.
- Alternative treatments, including FDA-approved options, have been discussed with me, and I have chosen to proceed with this off-label treatment.
- No guarantees have been made to me regarding the results or success of this treatment.

Release of Liability:

By signing this document, I assume all risks associated with the off-label use of this medication. I hereby release [**Name of Practice/Physician**] and its staff from any and all liability, claims, or causes of action arising out of or related to the off-label administration of this drug, including but not limited to unforeseen side effects or lack of efficacy.

I confirm that I have had the opportunity to ask questions, all of which have been answered to my satisfaction. I provide my informed consent to proceed.

Patient/Guardian Signature: _____

Date: _____

Physician Signature: _____

Date: _____