Hematology Oncology
associates pc
physicians and surgeons

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Med Rec #: _____
Name: _____
Birthdate: _____
Phone (H) _____ (W) _____
PCP _____

CONSENT TO PLATINOL

Physician: _____

INFORMATION ABOUT PLATINOL
This drug can affect several organs (or parts) of the body in addition to the cancer cells.

STOMACH
Nearly everyone experiences some type of stomach upset in the form of loss of appetite, nausea, and/or vomiting. Nausea and vomiting may begin 1 to 6 hours after administration. They usually do not last longer than 24 hours, but loss of appetite may persist up to a week.

KIDNEYS
There is a chance of permanently decreasing the kidneys' ability to handle the body's wastes. Measures to avoid or minimize this are to maintain fluid intake prior to and after receiving Platinol.

HEARING
Sometimes the drug can cause high-frequency (above normal speech) hearing loss only detectable by hearing tests (audiograms). Ringing in the ears can occur and is usually reversible.

BONE MARROW
Platinol can decrease the blood cells produced in the bone marrow. This can lead to:
1. Decreased number of white cells which may make patients more vulnerable to infections.
2. Decreased numbers of red cells which can give patients symptoms of shortness of breath, weakness and fatigue.
3. Decreased numbers of platelets which can result in easy bruising or bleeding for a longer time.

The drug's effect on the bone marrow is only temporary and transfusions are available if needed to counteract decreases in these cells until the bone marrow recovers. Blood samples will be taken frequently to monitor these effects of the drug on the bone marrow.

HAIR
Patients may experience temporary hair loss (not only from the scalp, but possibly underarms, beard, eyelashes, and pubic hair). This is usually reversible once the drug is stopped.

OTHER
Although rare, other complications can occur. These include loss of taste, allergic reactions, and loss of muscle or nerve function which may cause weakness or numbness similar to having one's hand 'fall asleep', and may be associated with some clumsiness of movement.

CONSENT
I have read and understand the above information regarding Platinol. I give permission for the physician named above and/or his designated assistants to administer Platinol to the patient named above.

DATE TIME PATIENT OR LEGALLY AUTHORIZED REPRESENTATIVE

WITNESS RELATIONSHIP TO PATIENT