

Consent for Personalized Treatment Adaptations

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], hereby give my consent for the personalized treatment adaptations proposed for my health care. I understand the nature of the treatment and the reasons for the adaptations being recommended.

Please find the details of the adaptations below:

- Adaptation 1: [Description]
- Adaptation 2: [Description]
- Adaptation 3: [Description]

I acknowledge that I have been given the opportunity to ask questions and discuss the proposed treatment adaptations. I understand the potential risks and benefits involved.

By signing below, I confirm that I voluntarily consent to the proposed personalized treatment adaptations.

Signature: _____

Name: [Your Printed Name]

Date: [Insert Date]