

### CONSENT FOR SPECIAL STUDY AND TREATMENT

I, \_\_\_\_\_, do hereby give my consent to the members of the professional staff of the Cincinnati General Hospital, University of Cincinnati College of Medicine, to administer to me whole or partial body irradiation on or about 8 May, 1955.

The nature and purpose of this therapy, possible alternative methods of treatment, the risks involved, the possibility of complications, and prognosis have been fully explained to me. The special study and research nature of this treatment has been discussed with me and is understood by me.

Consent is given for photographs and publication for the advancement of medical education.

Witnesses to signature:

[Handwritten Signature]  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Relationship Self  
Patient or Guardian

Date 10:00 AM 4-30-55  
MAY 1955

Place X-Ray Therapy  
Cincinnati, Ohio

Chart No. 35201

Original to patient's chart  
Copies to C-50 file  
to 3 NR file

5/1/55

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11.13