

## IEO SECOND OPINION PATIENT OR LEGAL REPRESENTATIVE DISCLAIMER

I the undersigned \_\_\_\_\_  
  [first]  [m. initial]  [last]

### **Declare**

that I have requested the physicians of the European Institute of Oncology (IEO) to arrange a remote consultation for me regarding the condition described above.

Via this consult, IEO will provide me with the conclusions of the physicians. IEO physicians will reach those conclusions based solely on the information provided by me or my physician to IEO.

IEO shall not have any liability or responsibility for the accuracy or completeness of that information or for any errors in its transmission.

In addition, I recognize that:

1. The remote consultation does not substitute the medical examination of the physician with the patient in-person
2. The lack of a physical examination limits the physicians in acquiring the complete information regarding the clinical conditions of the patient
3. The clinical recommendations suggested through the remote consultation are definitely based on the information provided to the physician.

### **Authorize**

my physician and any other person or entity to release any information pertaining to my health including health history, present complaints and laboratory and diagnostic data to any of IEO. IEO is authorized, at its election, to obtain any such records and information.

Date \_\_\_\_\_

Patient or Legal Representative's Signature \_\_\_\_\_