


CONSENT FOR USE OF PSYCHOTROPIC MEDICATIONS

I, X _____ (parent/legal guardian of) _____
have been informed by Dr. Rueloe about the nature and purpose of the
treatment with Wellbutrin, its risks and benefits.

Additionally, I/we have been given more explanation by way of medication
informational sheet/s describing possible risks or complications of the administration of
the medication being recommended. Also, I/we have been informed that I/my child will
be referred for any necessary medical work-up, whenever indicated.

I/We have sufficient opportunity to discuss my/my child's condition and my/his/her
treatment with Dr. Rueloe, and my questions have been answered to my
satisfaction. I/We believe that I/we have adequate knowledge upon which to base an
informed consent to the proposed treatment.

X 

Signature of Patient (Parent/Guardian)

Signature of Witness

X 11.8.22

Date

Date