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To be signed by the patient's person responsible, within the meaning of the Guardianship Act 1987, for patients over 16 who lack the capacity to consent

Name of person responsible:

Relationship to patient:

Address of person responsible:

Please retain the original copy of the form on the health care record and return a copy to the NSW RHD Coordinator at Health Protection NSW by fax to 02 9391 9189 or email rhd@doh.health.nsw.gov.au

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**NO WRITING** Page 1 of 1

**NSW RHEUMATIC HEART DISEASE REGISTER CONSENT** (For patients 16 and above where consent is provided by a person responsible)

SMR020.162