## 311.958 Written informed request.

"Written informed request" is a form which shall be prepared and distributed by the State Board of Medical Licensure and shall be in substance as follows:

Patient's Name.....

WRITTEN INFORMED REQUEST FOR PRESCRIPTION OF AMYGDALIN (Laetrile) FOR MEDICAL TREATMENT AND RELEASE OF PHYSICIAN FROM LIABILITY

Address	
Age	Sex
Name ar	nd Address of prescribing physician:
amygdal	ncy, disease, illness or physical condition diagnosed for medical treatment by in (laetrile):
	sician has explained to me:
(a)	•
(a)	by the Federal Food and Drug Administration.
(b)	•
maligna offered	at I am terminally ill and there are alternative recognized treatments for the ncy, disease, illness, or physical condition from which I suffer which he has to provide for me including: (here)
(laetrile)	twithstanding the foregoing, I hereby request prescription and use of amygdaling in the medical treatment of the malignancy, disease, illness, or physical from which I suffer.
•	y release the physician from any and all liability due to any deleterious ences that may be directly attributable to the use of amygdalin (laetrile).
	Patient or person signing for patient
ATTES	Γ:
Prescrib	ing physician
	Effective: July 15, 1980
	<b>History:</b> Created 1980 Ky. Acts ch. 354, sec. 5, effective July 15, 1980.