

## Informed Refusal Form

My physician, \_\_\_\_\_, has recommended the following test/procedure/treatment:

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S/he explained to me that the potential benefits of the test/procedure/treatment include:

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and the risks are: \_\_\_\_\_

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Despite my physician's recommendation, I refuse to consent to this medical treatment. The physician has explained the following risks of my refusal. They include, but are not limited to:

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By signing this document, I acknowledge that my medical condition has been evaluated and explained by my physician, who has recommended treatment as stated above, and that the doctor has explained to me the potential benefits of such treatment and the risks associated with it, as well as the probable risks of not following the recommended treatment, which I fully understand. In spite of this understanding, I refuse to consent to this medical treatment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Patient/Rep's Signature

\_\_\_\_\_  
Rep's Relationship

- The patient/authorized individual has read this form or had it read to him or her.
- The patient/authorized individual states that he or she understands this information.
- The patient/authorized individual has no further questions.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Witness Signature