Informed Refusal Form

My physician,		, has recommended the	
following test/procedu	re/treatment:		
_	to me that the potential bene	_	cedure/treatment
and that the risks are:_			
has explained the follo	s recommendation, I refuse owing risk to my refusal. Th	ney include, but are	nedical treatment. The physician e not limited
by my physician, who me the potential benef	has recommended treatment its of such treatment and the commended treatment, whi	t as stated above, a e risks associated v	has been evaluated and explained and that the doctor has explained to with it, as well as the probable risks and. In spite of this understanding, I
(Date) (Time		of patient or ed individual)	(Relationship of authorized individual)
θ The patient/author	ized individual has read this	form or had it rea	d to him or her.
θ The patient/author	ized individual states that he	e or she understand	ls this information.
θ The patient/Author	rized individual has no furth	ner questions.	
(Date)	(Time)	(Sign	nature of witness)