Sample informed refusal

In order to diagnose/treat my condition a __________________________ was ordered for me on _________________________________. The reasons for ordering this test/procedure have been carefully explained to me. I understand the potential benefits are:

_____________________________________________________________________________________________
_____________________________________________________________________________________________

and the alternatives include ____________________________________________________________________
_____________________________________________________________________________________________

In addition, Dr. ___________________________ has informed me of the risks involved in not having a __________________________ performed. These risks include

_____________________________________________________________________________________________
_____________________________________________________________________________________________

After careful consideration of the potential benefits and risks concerning the above, I am refusing ____________________________________________________________________. My reason(s) for refusing is (are):

_____________________________________________________________________________________________
_____________________________________________________________________________________________

___________________________________________  ________________________________________
Patient signature               Witness signature

___________________________________________  ________________________________________
Date            Date

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