

Sample informed refusal

Your letterhead

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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