

Informed Refusal to Proceed with Recommended Treatment

I _____ have been informed by Dr. _____ and _____
_____ (the "Group") of my condition and the recommended treatment
consisting of: _____

I have discussed the recommended treatment including the risks, benefits and alternatives, as well as the consequences of not proceeding with same. I understand why the recommendation has been made, and the effects of my refusal. I have had the opportunity to ask any questions I have regarding the recommended treatment. All of my questions have been answered to my satisfaction so that I can confirm that I do **not** want the recommended treatment.

I have also been offered alternative treatments which include: _____

After considering all treatment possibilities and having the risks and benefits of each explained to my satisfaction, I have voluntarily chosen to: _____

I understand that my decision may be contrary to the recommended course of treatment and that my condition may significantly worsen as a result, and/or require additional treatment.

I hereby release Dr. _____ and the Group from any liability for any ill effects that I may suffer from my election not to undergo the recommended treatment.

I READ AND UNDERSTAND THE ABOVE INFORMATION AND THE INFORMATION GIVEN TO ME VERBALLY.

Signature of Patient

or Legal Guardian _____ Date _____

Witness _____ Date _____

I have explained the nature, purpose, benefits, and alternatives to the recommended treatment, as well as the risks and consequences of proceeding or not proceeding with the recommended treatment. I have answered all of the patient's questions, and I believe the patient/guardian/ representative fully understands my answers and explanations.

Signature of Doctor _____ Date _____