

Refusal of medical treatment

(becomes a part of medical records)

Name and surname of the patient:

Birth Registration No.:

Type of healthcare, procedure, examination the patient refuses:

Exact content of instructions and explanations provided

Potential complications and risks

Date & time:

*Name and signature of the physician
instruction and explanation provided by:*

I, the patient (legal representative), based on these instructions and explanation, after having all my questions answered, declare that I understand that the failure to perform the recommended procedure, examination or healthcare may:

- make my medical condition worse
- disrupt the course of the treatment process,
- lead to serious complications, with the risk of damage to the organism and subsequent death.

I have been repeatedly informed about the possible consequences as mentioned.

Despite the above instructions, which I have fully understood and considered, I declare that I refuse the recommended medical care. I make this declaration freely and consciously with full knowledge and confirm it with my own handwritten signature.

Date:

Signature of the patient (legal representative):