**SHRADDHA HOSPITAL**

(Reg. No. LCBP-0506-01856)

*Sr. No. 43, Parashar Society, Pune Nagar Road, Chandannagar, Kharadi, Pune – 411014*

Mob. No. : **9011052829** Monday To Saturday 10:00 AM to 1:00 PM & 5:00 PM to 7:00 PM

**9403822324** Sunday 10:00 AM to 1:00PM

**ADMISSION REFUSAL CONSENT**

Date:

I / We relatives of Mrs -------------------------------------------------------------------------------------------------------------

Have come to Shraddha Hospital with Complaint of --------------------------------------------------------------------

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Doctor have explained us the conditions of the patient and have advised admission & investigations.

But at present we are not willing to admit & do the investigation. We are taking our patient with OPD

base treatment on our own risk.

Patient name & signature :---------------------------------------------------------------------------------------------------

Relatives name & signature : ----------------------------------------------------------------------------------------------

Relation : -------------------------------------------------------------------------------------------------------------------------

Witness name & signature :

Date & Time:----------------------------------------------------------------------------------------------------------------------