**WAIVER FOR MEDICAL TREATMENT**

TO WHOM IT MAY CONCERN:

Be it known that I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_

years of age, single/married/separated/widow, do hereby REFUSE to give consent without the influence of any person, to have an operation, treatment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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done upon me/my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by any member of the Talisay District Hospital staff and of the

hospital administration.

I acknowledge that I have been told of the risks involved and hereby release the attending Physician and the hospital from all responsibilities for any ill-effects which may result from such refusal.

Ako si \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ang edad,

ulitaw/dalaga/minyo/separado/biyudo, nagdumili sa paghatag sa akong pag-uyon ug walay tawo nga nag impluwensya, sa paagi sa pagtambal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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nga pagabuhaton kanako/sa akong \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ sa mga empleyado sa ospital ug ang administrasyon

sa ospital.

Ug ako gipahibalo ug gipasidan-an sa risgo/peligro nga mahitabo u gang maong doctor nga nag atiman u gang tagdumala sa ospital nga wala silay responsibilidad sa bisan unsa nga peligrong mahitabo kanako resulta sa akong dili pag uyon.

**IN WITNESS THERE OF**, I have herewith my signature this \_\_\_\_\_\_\_\_\_\_ day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Patient, Guardian, or Person giving

the Consent or his Thumb mark)

WITNESSES:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_