



Stanford
HEALTH CARE

Refusal of Treatment notification

I understand that Doctor _____ recommends I undergo the following test, treatment, operation or procedure:

The risks and benefits of, and the alternatives to this recommendation and the reasons for the recommendation have been explained to me (or I have refused to have them explained to me).

I refuse the recommended test, treatment, operation or procedure even though my failure to follow the advice I have received may seriously impair my health and my doctor's ability to determine the nature of my condition and treat me.

Specific, significant and likely risks of refusing my doctor's recommendation include but are not limited to:

I assume all risks and consequences involved in my refusal.

Date

Patient's signature

Time

Physician's signature