

# REFUSAL TO SUBMIT TO TREATMENT

Date: \_\_\_\_\_

Time: \_\_\_\_\_

I have been advised by Dr. \_\_\_\_\_ that it is necessary for me to undergo the following treatment: \_\_\_\_\_

\_\_\_\_\_  
(Describe operation or treatment)

The effect and nature of this treatment has been explained to me. Although my failure to follow the advice I have received may seriously imperil my life or health, I nevertheless refuse to submit to the recommended treatment. I assume the risks and consequences involved and release the above-named physician, the hospital, and it's staff from any liability.

Witness: \_\_\_\_\_

Signed: \_\_\_\_\_

*Reprinted with permission of AMA from "Medicolegal Forms With Legal Analysis," American Medical Association  
(AMA form 24)*