

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
INFORMED REFUSAL FORM

My provider _____ has advised the following diagnostic test/procedure/treatment: _____

My provider has explained to me the potential benefits of the diagnostic test/procedure/treatment include: _____

and the risks and complications include: _____

and the alternatives include: _____

Despite my provider's recommendation above, I refuse to consent to this diagnostic/test/procedure/treatment. My provider explained the following risks to my refusal. They include but not limited to:

By my signature below, I acknowledge that my provider explained to me the recommended diagnostic test/procedure/treatment, the expected benefits, risks, and alternatives, as well as the risks of my refusal which I fully understand. I was provided the opportunity to ask questions and have them fully answered. In spite of this understanding, I refuse to consent to this diagnostic test/procedure/treatment.

Signature of Patient or Responsible Party Date Time

Name of Responsible Party / Relationship to the Patient

Witness Signature Date Time

PATIENT INFORMATION

MRUN
NAME
DOB/GENDER

