



Kalkaska Memorial Health Center Munson Medical Center Paul Oliver Memorial Hospital

INFORMED CONSENT TO REFUSE

Examination **Treatment** **Transfer**

I understand that the hospital has offered:

- To examine me (the patient) to determine whether I am suffering from an emergency medical condition.
- To provide necessary treatment to stabilize my condition.
- To provide a medically appropriate transfer to another medical facility.

The hospital and physician(s) have informed me that the benefits that might reasonably be expected from the offered services are:

and the risks of the offered services are:

I have also been informed that the risks that might reasonably be expected from not accepting the recommended service or transfer are:

I understand that if I refuse offered services, I am doing so against medical advice. I understand that my refusal may result in a worsening of my condition and could pose a threat to my life, health, and medical safety.

I hereby refuse the offered services.

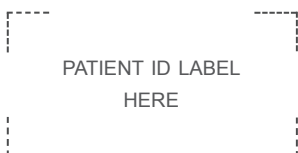
Signature: _____ Date: _____ Time: _____

Print Name: _____ Date of Birth: _____

Address: _____

City, State, Zip: _____

Witness: _____ Date: _____ Time: _____

**INFORMED CONSENT TO REFUSE
EXAMINATION/TRANSFER/TREATMENT**