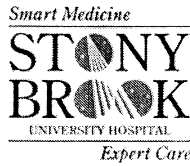




NU2C087



REFUSAL OF TREATMENT (OTHER THAN TRANSFUSION)

I have been advised that I require the following treatment: _____

The need, purpose and nature of the treatment have been explained to me and I understand this to be as follows:

After consideration, I have decided against having this treatment because: _____

The consequences of refusing this treatment have been fully explained to me. I understand that my refusal may result in serious illness and possibly death. Even with this knowledge, I still refuse this treatment.

I understand that I may change my mind and request this treatment at any future time.

I hereby release University Hospital and its employees and staff from all liability for damages or injury to me or for my death due to my refusal to have this treatment. This release includes a full release from all manner of causes of action or suits which I now have or will have against University Hospital and its employees or staff.

I have read this entire document and understand its contents fully, and I voluntarily execute it with full knowledge of what I am doing by signing it.

_____ Signature of Patient or Health Care Agent	_____ Relationship (if other than patient)	_____ Date
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_____ Signature of Witness (Age 18 or older)	_____ Title/Relationship to Patient	_____ Date
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Physician's Statement:

I have explained to the patient/agent all of the risks of refusing this treatment, including the risk of death, and have answered all of his/her questions.

_____ Signature of Practitioner	_____ ID#	_____ Date	_____ Time
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NOTE: IF INTERPRETER WAS USED, COMPLETE REVERSE SIDE.