

Institute of Rheumatology
Na Slupi 4, 128 50 Prague 2

Workplace:

Declaration of Disent

Patient:
(surname, name, birth identification number)

Physician instructing the patient:
(surname, name, title, Employee ID No.)

Witness to instruction of the patient:
(surname, name, title)

Date, hour and place of instruction:

I.

Declaration of the Patient

I explicitly declare that, as a patient, I have been informed by the physician in a comprehensible manner that, in the interest of my state of health, it would be necessary to perform.

(description of the operation)

Further, I explicitly state that the physician has explained to me purpose of the operation, the possible complications during performance of the operation, what facts could occur if I refuse the operation and the danger that I face for my health in such a case.

The physician has explained to me that there exists – does not exist alternative treatment.

I hereby declare that I have understood the instructions, that I had the opportunity to pose questions and that the physician answered all my questions.

I explicitly declare that, after listening to the explanation, hearing the instructions and receiving answers to all my questions, I have decided in full awareness, freely and seriously that I refuse performance of the proposed operation as set forth in Article I. I confirm refusal of the operation through my signature.

Prague,.....

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Patient's own signature