



## Wayne County Healthy Communities

11447 Joseph Campau  
Hamtramck, Michigan 48212

### REFUSAL OF RECOMMENDED TREATMENT, TEST, OR REFERRAL

My physician/health care provider recommends the following test, treatment, procedure, or referral for additional care:

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I have been advised of the risks and benefits and I have elected to REFUSE to accept the recommended treatment plan. I fully understand that refusal of this recommendation may jeopardize my physical health, my mental health, and/or my life and may lead to:

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I assume all risks of my refusal and fully release the physician, medical provider, and Wayne County Healthy Communities from any and all consequences by my refusal.

My reason for refusal is:

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Patient Name (PRINT)

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Patient Signature

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Date

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WWFHC Witness Signature

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Date