



6253

CONSENT OR REFUSAL OF MEDICAL PROCEDURE OR TREATMENT UPON CLARIFICATION – ANNEX 1

NAME SURNAME, birth data/LABEL

Annex refers to medical procedure or treatment:

CONSENT / REFUSAL WITH THE HELP OF WITNESSES

Patient has (mark accordingly) **CONSENTED TO** or **REFUSED** medical procedure or treatment and
 is not able to sign because of:
 does not want to sign despite oral consent.

Name and surname of witness No. 1:

Name and surname of witness No. 2:

Date of birth or National identification number:

Date of birth or National identification number:

Contact details:

Contact details:

Date:

Time:

Date:

Time:

Signature:

Signature:

STATEMENT BY TRANSLATOR / INTERPRETER

I translated or interpreted the obtained information to the patient to the best of my abilities and in a way that I believe they were able to understand.

Name and surname of translator / interpreter (capital letters):

Professional title of translator / interpreter (capital letters):

Date:

Time:

Signature:

DECISION BY DOCTOR / COUNCIL (mark accordingly)

Medical procedure or treatment is to be (mark accordingly):

due to patient's inability to give consent and in the absence of legal representative / other person performed YES NO
 if other people fail to reach an agreement

Explanation:

Doctor's name and surname (capital letters):

Date:

Time:

Signature:

MEDICAL COUNCIL:

Name and surname of doctor No. 2 (capital letters):

Name and surname of doctor No. 3 (capital letters):

Date:

Time:

Date:

Time:

Signature:

Signature:

Patient receives a copy of the document!