myNOVA AĞIZ VE DİŞ SAĞLIĞI POLİKLİNİĞİ		PATIENT EXAMINATION, EXAMINATION TREATMENT, MEDICAL INTERVENTION REJECTION CONSENT DOCUMENT			BARKOD			
Document Code:	HD.RB.05	First Release Date:	25.08.2016	Rev. Date: 05.12.2023	Rev. Number	01	Page Number	1 / 1

While I was conscious, I learned from my doctor what my medical condition was and I was informed in detail about what examinations, tests, treatments and interventions should be performed regarding my disease. Possible complications (**undesirable effects**), situations and risks were explained in detail. I learned what dangers I could be exposed to regarding my health if I did not accept the recommended tests and treatments.
Despite all this information, I have not received any personal information;

☐ To be examined ☐ Medical Intervention ☐ Radiological Shooting

☐ Examination ☐ Treatment ☐ Other …….....

To be done*……
.....
……

PATIENT/RELATIVE, LEGAL REPRESENTATIVE (DEGREE OF RELATIONSHIP):……

Date : .... / ..... / ….... Time. : ..... /.....

Name and Surname: …… Signature :

YOUR WITNESS:
Name and surname :……
Address:…….

Tel No :…… Signature:

The Patient/Patient's Relative or Legal Representative must write in his/her own **hand writing**, "**I REJECT WITH MY OWN CONSENT AND FREE WILL, WITHOUT BEING UNDER ANY PRESSURE, AND I ASSUME ALL RESPONSIBILITIES THAT MAY ARISE AS A RESULT OF THIS REJECTION.**"

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IN CASE WHERE DIRECT COMMUNICATION WITH THE PATIENT CANNOT BE ESTABLISHED, THE PERSON WHO PROVIDES THE COMMUNICATION (E.G. THE INTERPRETER):

Date: .... / ..... / ….... Time: .... / .....
Name and surname : …….....
Address: ……
Tel No: …… ..... Signature:

PART TO BE FILLED IN BY THE PHYSICIAN)

Your physician:
Recommended medical intervention, treatment or examination: ....
The patient's reason for refusing this procedure: ....

Date: ..... /.... /……..... Time:…… /….
Name and surname: .... Signature :

EXPLANATION:.
1. If the patient is unable to give consent to Refuse Treatment, the identity information and signature of the person from whom consent was obtained are taken. Both of the patient's Guardians (Parents) must sign. If only one of the parents has a signature, the signer must prove that he/she is taking care of the child on his/her own or that the other parent has permission.
2. If the Patient/Relative or Legal Representatives do not sign the rejection report, the Physician will sign it accompanied by a witness, stating the reason.