

Refusal of Blood Transfusion Agreement

I, , hereby acknowledge that my physician, , has explained the nature, purpose, benefits, and possible risks of receiving a blood transfusion. I have been informed of alternative treatments and the potential consequences of refusing a blood transfusion, including but not limited to serious injury or death.

Despite this information, I voluntarily and knowingly refuse to receive a blood transfusion. I understand and accept all risks and consequences associated with this decision. I release my physicians, the hospital, and medical staff from liability for any adverse outcomes resulting from my refusal.

Patient's Signature:	<input type="text"/>	Date:	<input type="text"/>
Physician's Signature:	<input type="text"/>	Date:	<input type="text"/>
Witness:	<input type="text"/>	Date:	<input type="text"/>