

Date of obtaining the IC: _____

Diagnosis: _____

Doctor (First name and two surnames): _____

Patient (First name and two surnames): _____ ID No _____

Legal representative (if applicable): _____ ID No _____

By myself / on behalf of the already individualized patient, I record my decision to:

☐

Revoke the authorization I signed previously, in an informed consent document

☐

Refuse the surgery and/or procedure described in the informed consent document

In such conditions I REVOKE OR REJECT that I perform the scheduled major outpatient surgery.

JUSTIFICATION FOR NOT CARRYING OUT THE PROCEDURE

Medical Firm

Patient Firm Legal

Representative Firm