SEMMELWEIS UNIVERSITY
Faculty of Medicine
Department of Pulmonology

Head of the Department
Prof. Veronika Müller M.D., Ph.D., D.Sc

SEMMELWEIS UNIVERSITY
Faculty of Medicine
Department of Pulmonology

Prof. Dr. Veronika Müller, University Professor, Head of the Department

DECLATION OF TREATMENT REFUSAL AND HOSPITAL DISCHARGE REQUEST AGAINST MEDICAL ADVICE

English Translation

Address: H-1083 Budapest, Tömő street 25-29. HUNGARY
Postal address: 1428 Budapest Pf. 2.
E-mail: titkarsag.pulm@semmelweis.hu
Tel.: (+36-1) 459-1500
semmelweis.hu

DECLATION OF TREATMENT REFUSAL AND HOSPITAL DISCHARGE REQUEST AGAINST MEDICAL ADVICE

Patient's name: .....
Patient TAJ (Health Insurance Number) number: .....
Legal representative/Patient representative: .....
Informing physician: .....

I, the undersigned ....., declare that today I am leaving the Clinic voluntarily, at my own responsibility, AGAINST MEDICAL ADVICE.

I also declare that I have received comprehensive information from my treating physician about the nature of my illness and the possible complications associated with it.

During the time I am away, should I require medical care, I will promptly notify the institution.

I have no further questions in this regard.

.....	.....
Signature of informing physician	Patient's signature

Witness 1.
Name: .....
Signature: .....

Witness 2.
Name: .....
Signature: .....

Budapest, 20.....

Address: 1085 Budapest, Üllői street 26.
Postal address: 1085 Budapest, Üllői street 26.; 1428 Budapest, Pf. 2.
E-mail: titkarsag.pulm@semmelweis.hu
Tel.: (+36-1) 459-1500
semmelweis.hu