

**Victory Physicians**  
**Frank Arian, MD**

**REFUSAL TO PERMIT SCREENING**

It is vital for you to understand that our medical provider is recommending a certain screening modality based on their years of training, experience, and the recommended screening guidelines published by the Centers for Disease Control and/or the various medical colleges and societies that issue such recommendations. At the same time, we understand that you have a right to decide what screening modalities you wish to undertake and when you wish to undertake them. We absolutely honor your right to decide. Your signature below means that you have received medical advice today recommending a certain screening modality, were given an opportunity to ask questions, all your questions at this time were answered to your satisfaction following a discussion of the risks, benefits and alternatives and that you are electing not to proceed with the indicated screening modalities, on your own free will. Below we specifically list some of the major risks, benefits and alternatives to your decision, that you understand and accept consequences of your decision, and you agree that you will not hold this physician nor the employees of Victory Physicians, nor Victory Physicians as an entity, liable or responsible in any manner, for your decision. You understand that not all of the risks could possibly be listed here or explained and that it is your responsibility to do the research online or through the help of a specialist and be sure you are completely and properly informed prior to signing. Do not sign if you are unsure. Your signature below means you have read and discussed the risks, benefits and alternatives, asked all questions you had and they were answered to your satisfaction, were offered specialty consultation(s) or time to do further research, and you wish to proceed with refusal(s). If at any later time you decide to reconsider your decision or should have any additional questions, we will be happy to assist you.

**Treatment recommended: Complete Preventive Screening which may include:**

|                     |              |                       |                   |
|---------------------|--------------|-----------------------|-------------------|
| General Blood Panel | Stress Test  | Blood Pressure Check  | Pneumovax Vaccine |
| High Risk STD Labs  | EKG          | Complete Skin Exam    | Shingles Vaccine  |
| PSA                 | Chest Xray   | Prostate Examination  | Tetanus Vaccine   |
| Pap Smear           | Bone Density | Testicular Evaluation | Gardasil Vaccine  |
| Stool Occult Blood  | Mammogram    | Breast Examination    | Influenza Vaccine |
| Colonoscopy         |              |                       |                   |

**Risks of refusal which may include:** Death, heart attack, stroke, cancer, intractable pain, renal failure, anemia, fracture, osteoporosis, tetanus, seizure, HPV, genital warts, spread of disease, cosmetic deformity, blindness, pneumonia.

**Benefits of refusal:** Lower initial cost, lower initial convenience, lower risk of complications from the screening modality.

**Alternatives to recommended treatment:** Refuse and accept consequences of your decision, alternate screening modality possibly an option but not accepted as standard of care and often not covered by insurance, discuss with specialist.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time