

STEPHEN H. MASCIO, D.O.
FAMILY PRACTICE & OCCUPATIONAL MEDICINE
1417 Main St
Follansbee, WV 26037
[304] 527-1670
[304] 527-1600

Refusal to Permit Blood Transfusion

I fully understand that my condition or the care provided me, whether correctly or incorrectly performed may result in the need for my receiving blood or blood derivatives to avoid serious bodily harm or death. However, with full knowledge and understanding of these potential consequences, I request that no blood or blood derivative be administered to me due to my religious beliefs.

I hereby release Stephen H. Mascio, D.O./personnel from any responsibility whatsoever for any ill effects due to my refusal to permit the use of blood or its derivatives regardless of whether the need for that blood was caused by my condition or the correct or incorrect performance of medical care.

I understand that this signed and dated Refusal to Permit Blood Transfusion form will be placed in my medical chart at the office of Stephen H. Mascio, D.O.

I understand that Stephen H. Mascio, D.O./personnel is **not** responsible for forwarding my Refusal to Permit Blood Transfusion form to any other attending physician[s] and/or healthcare facilities. I further understand that it is my responsibility to inform all other attending physicians and healthcare providers outside of Dr. Stephen H. Mascio's office of my wishes.

Patient signature or patient's authorized representative Date

Witness Date

I, _____, am the [parent] [spouse] of _____.

I have read and understand all of the above and consent and direct that the patient's refusal be respected.

Physician signature Date

Witness Date