

New England Medical Specialists

Dr. Sudarshan Chatterjee
Karen L Harding NP
451 Andover St.
No. Andover MA, 01845

Date: _____

I have been advised by Dr. Chatterjee to have the following tests and treatments:

- _____ Rectal Exam
- _____ Flexible Sigmoidoscopy
- _____ Mammogram
- _____ Pap's Smear
- _____ Bone Density

The tests/treatments and their risks listed above have all been explained to me. I refuse all of the above tests and treatments in clear mind take responsibility upon myself for consequences or detrimental effects upon my health.

Signature: _____

Print Name: _____

Physician's Signature: _____