

# Non-Consent Letter for Invasive Procedures

Date: [Insert Date]

To: [Healthcare Provider's Name]

[Healthcare Provider's Address]

[City, State, Zip Code]

Dear [Healthcare Provider's Name],

I am writing to formally express my non-consent for the following invasive procedure(s):

- [Procedure Name 1]
- [Procedure Name 2]
- [Procedure Name 3]

After careful consideration and discussion with my healthcare team, I have decided not to proceed with these procedures for personal reasons. I understand the implications of this decision and appreciate the efforts made by the medical team to explain the procedures and their potential benefits.

Thank you for respecting my wishes in this matter. Please confirm the receipt of this letter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Contact Information]