

Letter of Refusal for Elective Surgery

Date: [Insert Date]

To:

[Doctor's Name]

[Hospital/Clinic Name]

[Address]

[City, State, Zip Code]

Dear [Doctor's Name],

I hope this letter finds you well. After careful consideration, I regret to inform you that I must decline the elective surgery scheduled for [insert date].

This decision was not made lightly, and I appreciate the time and effort you have dedicated to my care. I have thought deeply about the potential risks and benefits, and I believe it is in my best interest to postpone this procedure at this time.

Please let me know if you need any further information regarding my decision. I appreciate your understanding and support.

Thank you for your attention.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Contact Information]