

Patient no:  
Withdrawal form

Questions or assistances call: +45 35 45 6949

Click the flag to add comments.

### Discharge

W1	Date of withdrawal		
W2	Consent not given	Y N	
W3	Consent Withdrawn	Y N	
W4	Who is not giving or withdrawing consent?	Relative/nxt of kin/guardian not giving or withdrawing consent Patient not giving or withdrawing consent	
W5	Withdrawn what	Withdrawel of all data Withdrawel of data up till withdrawal of consent	

Finish ☺ Then go to main page