Date 20/01/2022

To:
All medical staff, hospital, ambulance and care personal in which I find myself in being in care for any treatment related to COVID-19 or other.

**LEGAL NOTICE**

**I DO NOT CONSENT**

From

Name of Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TO WHOM IT MAY CONCERN

Respected care personnel,

I \_\_\_\_\_\_\_\_\_\_\_\_\_, who is being treated in your facility, HEREBY DO NOT CONSENT with the following medical products and any of their use in my treatment:

Midazolam, Remdesivir…other?: *sufentanil citrate, Remifentanil,Rpropofol, intravenous anesthetics, protryptyline, alfenta, remifentanil, diazepam, respiratory depressant, racemic methadone, odansetron, inhalational anesthetics, etomidate, methohexital, morphine, racemic epinephrine, amphetamine sulphate, dolantin, dexamethasone, (*list needs work)

Or any of their generic alternatives.

Ventilation by Ventilor

I hereby apply my [right to refuse](https://www.health.nsw.gov.au/policies/manuals/Documents/consent-section-6.pdf) these treatments and inform refused treatment can constitute an assault or battery. Any usage of the above treatments will be used in court as against my will and attempt of harm with intent. The violation will be included but not exclusively in court case numbers 12345 criminal case etc.

In case of death I and my next of kin \_\_\_\_\_\_\_ exercise and consent to my LEGAL RIGHT of AUTOPSY as described in [State of California, GOVERNMENT CODE Section 27520](https://probatestars.com/wp-content/uploads/2019/11/GOV_27520..pdf), and investigation of the full medical tracing of the conducted treatments.

I HEREBY, do not consent to send any of the above treatments.

All treatments can only be conducted with full consent of either myself or Dr.\_\_\_\_\_\_\_ available on 0123458

Name of patient:

Signature of Patient

Date: