



### AGAINST MEDICAL ADVICE (AMA)

This is to certify that I, \_\_\_\_\_, a patient at \_\_\_\_\_, am refusing at my own insistence and without the authority of and against the advice of my attending physician(s), \_\_\_\_\_, request to leave against medical advice.

The medical risks/benefits have been explained to me by a member of the medical staff and I understand those risks.

I hereby release the medical center, its administration, personnel, and my attending and/or resident physician(s) from any responsibility for all consequences, which may result by my leaving under these circumstances.

Medical Risks:

- ☐ Death
- ☐ Risks to unborn fetus
- ☐ Additional pain and/or suffering
- ☐ Permanent disability/disfigurement
- ☐ Other: \_\_\_\_\_

Please return at any time for further testing or treatment.

Patient Signature: \_\_\_\_\_ DOB: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

### REFUSAL OF EMS TRANSPORT

I acknowledge that the medical provider at Urgent Care of Mountain View has advised me to go to the nearest hospital by EMS transport for treatment of my condition, and I have received full explanation of the reason for recommended transport and the potential consequences of the refusal of such.

By signing below, I acknowledge that I have refused such recommended transport.

Patient/Representative Signature: \_\_\_\_\_ DOB: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Patient/Representative Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_