AGAINST MEDICAL ADVICE – ACKNOWLEDGMENT AND WAIVER

Patient's Name:_____

Date:_____

Physician: _____

The above named physician has recommended a specific course of therapy, method of treatment or a means diagnosing and/or treating a medical condition for the patient named above. This decision is a medical decision that is made by the physician based upon the findings of an examination and/or diagnostic testing. The physician believes this recommendation is in the patient's best interest.

The specific recommendation(s) being made by the physician include the following:

_____

_____

_____

The patient has elected not to follow the recommendations of the physician as noted above and accepts responsibility for any consequences of that decision. The risks of not following the physician's recommendations have been fully explained to the patient by the physician. The patient agrees that the physician shall not be held responsible or legally liable for the decision or any future consequences of the patient's decision.

By signing below the patient acknowledges that s/he has read this information and has elected not to follow the physician's recommendations.

_____ _____

Patient's Signature Date

_____ _____

Witness Date