

# Request to Leave Against the Advice of the Emergency Physician

I request to leave against the medical advice of the emergency physician.

I understand that I am encouraged to return at any time for further evaluation, treatment, or admission.

I understand that the risks include, and are not limited to, the following:

- Death
- Disability
- Worsening of Condition
- Pain and Suffering
- Other \_\_\_\_\_

I release the emergency physician, the hospital, and the emergency department staff from any responsibility for all consequences, which may result by my leaving against the medical advice of the emergency physician.

Date/Time \_\_\_\_\_

Patient Signature \_\_\_\_\_

Physician Signature \_\_\_\_\_

Witness \_\_\_\_\_

