



AGAINST MEDICAL ADVICE (AMA) FORM

This is to certify that I, _____ a patient at Recovery Technology, am refusing, at my own insistence and without the authority of and against the advice of my attending practitioner, request to leave against medical advice.

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

I hereby release Recovery Technology, its administration, personnel and my attending practitioner(s) from any responsibility for any and all consequences which may result by my leaving under these circumstances.

Patient signature

Date

Practitioner Signature

Date

Witness Signature

Date