

McLaren Print System Order

Order No: 6520
Order Date: 2014-10-16
User: Angela DeLaRosa
Phone: 3720 Katalin Ct, Suite 201 (989) 893-9705

Ship Location: McLaren Bay Region Family Medicine/Attn Angela DeLaRosa
3720 Katalin Ct
Bay City, MI 48706

Forms
Quantity: 100
Paragon Dept No: 60841
Dept Name: McLaren Medical Group
Company Number: 810

Order Total Price: 0.00

Item Number: MM-117
Item Description: Refusal to Consent to Medical Treatment / Transport
Revision Date:
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLaren Medical Group
REFUSAL TO CONSENT TO MEDICAL TREATMENT/TRANSPORT
This form certifies that I, _____ a natural and competent individual, a patient of _____
Name of Patient Name of Facility
I am refusing one of the below categories against the advice of the physician:
1. Tests
2. Procedures
3. Treatments
4. Left against
Medical advice:
I acknowledge that I have been informed of the risk involved as a result of failure to consent to the tests, procedures, treatments or leaving against medical advice, and hereby release the physician and the care center from all responsibility and liability for any ill effects that may result from this refusal. I understand that this refusal could include adverse effects arising because my physician will be unable to reach a timely, correct, or accurate diagnosis of my condition, and thereby resulting in my physician's inability to promptly or correctly render treatment appropriate to my condition.
5. Refused to be Transported
I acknowledge that I have been informed of the risk involved in refusing to be transported by ambulance which may include a delayed cardiac life support, intensive support and paramedic treatment. I hereby release the ambulance company, physician and the medical care facility from all responsibility for any ill effects which may result in my decision.
Signature of Patient Signature of Physician
If patient is unable to sign due to a question of competence or is a minor, complete the following: (if the patient is a minor or the patient is legally incompetent, please obtain the signature of the legal guardian, patient advocate or closest available relative.)
Patient is unable to sign because:
Signature of Patient Signature of Patient Legal Guardian / Patient Advocate
REFUSAL TO CONSENT TO MEDICAL TREATMENT/TRANSPORT