

McLaren Print System Order

Order No: 9521
Order Date: 2015-03-03
User: Judy Fago
Phone: 586-493-3610

Ship Location: Judy Fago
36500 Gratiot, Suite 101
Clinton Township, MI 48036

Forms
Quantity: 100
Paragon Dept No: 60330
Dept Name: Multi-Specialty Resident Clinic
Company Number: 260

Order Total Price: 0.00

Item Number: MM-117-M
Item Description: Refusal to Consent to Medical Treatment / Transport
Revision Date: 10/2014
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLaren Macros
REFUSAL TO CONSENT TO MEDICAL TREATMENT/TRANSPORT
This is to certify that I, \_\_\_\_\_ a rational and competent individual, a patient of \_\_\_\_\_
Name of Patient Name of Facility
I am \_\_\_\_\_
Date of Service
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 advanced 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 Date
Signature of Physician Signature of Witness
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 Witness Signature of Patient's Legal Guardian, Patient Advocate
REFUSAL TO CONSENT TO MEDICAL TREATMENT/TRANSPORT
MM-117-M (10/14)