

# AGAINST MEDICAL ADVICE (AMA FORM)

This is to certify that I, \_\_\_\_\_ a patient of TRANSCEND MEDICAL  
am refusing at my own insistence and without the authority of and against the advice of my  
physician request to not use \_\_\_\_\_

There are medical risks have been explained and I understand those risk up to and including

Possible death.

\_\_\_\_\_  
Patient or Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

Items Returned

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