 AGAINST MEDICAL ADVICE FORM

The pharmacist completes the following form in situations when the patient refuses to accept advice to seek medical care, especially in emergent situations such as an overdose.

Date:  mm / dd / yyyy

I, ________________________________________________________, acknowledge that ______________________________________________________ explained my condition to me and advised me of the potential risks and/or complications which could or would arise from refusal of medical care. I have also been advised that other unknown risks and/or complications are possible. Being aware that there are known and unknown potential risks and/or complications, it is still my desire to refuse the advised medical care.

I hereby release ________________________________ (pharmacist name) and ________________________________ (pharmacy name) from all liability resulting from any adverse medical condition(s) caused by my refusal of the recommended medical care.

Signature of Patient/Parent/Legal Guardian: ________________________________

Date:  mm / dd / yyyy

Witness: ________________________________

Did witness act as translator?  □ YES  □ NO

Name of Translator: ________________________________