

PATIENT DECISION AGAINST MEDICAL ADVICE (AMA) FORM

Patient name: _____

Equipment covered by this decision: _____

Patient Statement:

It is my physician's judgment that my use of the above stated equipment, as ordered, is necessary for treatment of my medical condition. However, I have decided not to use the equipment as ordered by my physician for the following reason(s):

- ☐ I do not wish to use this equipment as ordered.
- ☐ I do not wish to have this equipment delivered to my home, or to begin the use of this equipment.
- ☐ I do not wish to have this equipment in my home, and I want the company to pick up the equipment.
- ☐ Other _____

The decision indicated above is my decision, and I am making this decision AGAINST MEDICAL ADVICE. The consequences of my decision have been explained to me and I understand them. I assume full responsibility for the consequences of this decision and release the company from all liability associated with this decision.

Patient Signature: _____ Date: _____
(MUST be signed by the patient and not by a representative.)

Employee Witness: _____ Date: _____