

Against Medical Advice (AMA)

This is to certify that I, (name of patient) _____, a patient at Mary Greeley Medical Center, at my own insistence and without the authority of and against the advice of my attending provider(s), (name of provider) _____, refuse a medical screening exam and/or care/stabilizing treatment, and/or request to leave the Emergency Department or hospital against medical advice.

The medical risks and benefits have been explained to me by a member of the medical team and I understand those risks and benefits. I hereby release Mary Greeley Medical Center, its administration, personnel, and my attending provider(s) from any responsibility for all consequences, which may result by my leaving under these circumstances.

Medical Risks

- Death
- Additional pain/suffering
- Risks to unborn fetus
- Serious dysfunction of a bodily organ or part
- Permanent disability/disfigurement
- Harm to self or others
- Other _____

Medical Benefits

- History/physical examination
- Further testing and treatment as indicated
- Radiological imaging such as:
 - [CT Scan](#)
 - X-rays
 - Ultrasound
- Laboratory testing
- Potential admission and/or follow-up
- Medications as indicated for infection, pain, blood pressure, etc.
- Other _____

I may return at any time for further examination, testing or treatment.

Patient signature

Date / Time

If party requesting refusal of care or discharge is other than the patient:

Signature of Legal/Authorized Individual

Relationship to patient

Date / Time

Patient Refusal to Sign:

(Name of Patient) _____ has not only refused medical screening exam and/or care/stabilizing treatment, and/or requested discharge, but has also refused to sign this form documenting their refusal/request and understanding of risks and benefits.

Witness (signature of Staff Person)

Date / Time

Send copy of completed AMA form to HIM for placement in the medical record.

MARY GREELEY MEDICAL CENTER
Ames, Iowa

SIGNING OUT AGAINST MEDICAL ADVICE
MGMC

PATIENT LABEL