



STATEMENT OF PATIENT DISCONTINUANCE OF MEDICAL EQUIPMENT AGAINST MEDICAL ADVICE

This is to certify that I, _____, printed name

at my own insistence and without the authority of and against the advice of my physician(s)

request to discontinue the use of the following medical equipment:

_____.

I have been informed of the dangers to me by refusing to use the above equipment.

I hereby release O2 Neal Medical, Inc., its administration, personnel, from any and all consequences caused by refusal to use the equipment.

X _____ Date _____
Patient Signature

_____ Date _____
*Legal Guardian's Signature

_____ Date _____
Witness Signature

*Legal guardian must sign for if the patient in the following cases:

If patient is under 16 years of age.

If patient is unable to give consent because of medical condition or if patient is under legal guardianship.