



AMDADV

THE UNIVERSITY HOSPITAL

**FOR DISCHARGE AGAINST
MEDICAL ADVICE**

TUH-788, Rev. 10/98

This will certify _____, a patient in
The University Hospital is leaving the _____ Center for Emergency Care _____ against the
advice of the attending physician, _____, and the
Hospital Administration.

Unit or area

Physician name

I acknowledge that I have been informed of the risk involved and hereby release the attending physician and the Hospital Administration from all responsibility for any ill effect that may result from this action.

Date

To be signed by the patient or the legal representative in
case the patient is a minor or incapable.

Witness

Relationship to minor above