**INSTITUT JANTUNG NEGARA** (245794-V)
145, Jalan Tun Razak, 50400 Kuala Lumpur, Malaysia.
Tel : (03) 2617 8200 Fax: (03) 2698 2824

PATIENT'S INFORMATION
(Please Stick Label)

# AGAINST MEDICAL ADVICE FORM

Select appropriate box(es).

## ☐REFUSAL OF LIFE-SUSTAINING TREATMENT AGAINST MEDICAL ADVICE*

A physician has advised me of the need for further medical treatment within INSTITUT JANTUNG NEGARA SDN. BHD. I fully understand that refusal may jeopardise my/patient's health or life, but it is my wish that this refusal be honoured.

Treatment refused: _____

Reason for refusal of treatment: _____

Risk(s) of refusing treatment: _____

Benefits of Treatment: _____

*I understand I can change my mind at any time and request for treatment.

## ☐DISCHARGE AGAINST MEDICAL ADVICE:

The health risks that may result from leaving INSTITUT JANTUNG NEGARA SDN. BHD., before completion of treatment have been explained to me. I have received satisfactory explanation of all the unfamiliar terms used and understand the consequences of my actions.

I also understand there may be other risks and complications, serious injury, or even death from both known and unknown causes.

Reason for discharge against medical advice: _____

_____

Risk(s) to health from discharge against medical advice : _____

_____

I hereby fully indemnify INSTITUT JANTUNG NEGARA SDN. BHD., the attending doctor and its employees for any claims or liabilities which may arise as a consequence of my decision made above.

*Please strikethrough whichever not applicable

Signature: .....

Name of *Patient/Parent/Spouse/Next of Kin/Guardian: .....

Relation with Patient: .....

Date: .....

| | | | |
|---|---|---|---|
| Signature: | ..... | Signature: | ..... |
| Doctor's name: | ..... | Witness name: | ..... |
| Designation: | ..... | Designation: | ..... |
| Date: | ..... | Date: | ..... |