

REFUSAL OF AMBULANCE CARE OR TRANSPORT

Incident No	Date	Time	Call Location
INC786	04-12-2023	2:00 PM	Al-Amirat
Ambulance Station	CDAА Directorate		
Seeb	Ahlan Hilal Khamis Alrasbi		

I **Brother** Relationship: Patient / Guardian Nationality: **OMAN**

That through my signature below on behalf of myself or whoever I entrusted with his/ her care, that I confirm my refusal to receive any medical care or transport from the medical staff of the ambulance service despite of my full awareness and capacity of its importance, despite the explanations and advice provided to me about my health by the ambulance team, and I shall legally bear all the consequences resulting from this refusal, and I do not hold the ambulance medical team or the ambulance service any responsibility toward this.

Notification to

Civil ID	Address	Phone No
109823156	Seeb	71518263
Civil ID	Witness Name	Phone No
18982381	Ahlan Hilal Khamis Alrasbi	95235815

Ambulance Medic1	Force No
109823156	518
Ambulance Medic2	Force No
18982381	815