Clínica Especializada de Azuero
CUIDANDO TU SALUD

**Pegar Label Aquí**

# ACUERDO DE RELEVO DE RESPONSABILIDAD GENERAL

| **1) PATIENTS INFORMATION** | | |
|---|---|---|
| NAME<br>JOSE | LAST NAMES<br>PEREZ | |
| DATE OF BIRTH<br>01/09/1971 | PERSONAL I.D./PASSPORT<br>8-00-344-448-D | GENDER<br>M |

| **2) INFORMATION OF PERSON MAKING THE REQUEST (Complete when the person making the request is not the patient)** | |
|---|---|
| NAME AND LAST NAMES | PERSONAL I.D./PASSPORT |
| LINK BETWEEN PERSON MAKING THE REQUEST AND PATIENT<br>[ ] HUSBAND/WIFE [ ] SON/DAUGHTER [ ] LEGAL REPRESENTATIVE | |

**3) RELEASE OF LIABILITY**

This agreement releases clínica especializada de azuero of any civil, financial or other type of liability as well as Dr. _____ and hospital staff for the injuries that may happen during _____ given the serious and unstable condition of the patient and his/her own diagnosis leads to this being the only alternative to any possible treatment.

I acknowledge I have been clearly informed of the risks involved; _____, therefore, I assume their consequences. I also accept the physician and hospital staff have explained to me everything related to this situation and I have taken this decision voluntarily, in agreement with the description of the facts.

Situation (describe briefly)_____



Signature of the Patient:_____I.D._____ Date: _____ OR

Signature of Family Member in charge_____I.D._____Date: _____

Signature of Physician_____I.D.: _____Date: _____

Signature of Witness_____ I.D._____Date:_____

(Will sign in absence of physician)