



Clinica Especializada de Azuero
CUIDANDO TU SALUD

Pegar Label Aquí

ACUERDO DE RELEVO DE RESPONSABILIDAD GENERAL

1) PATIENTS INFORMATION

NAME JUAN		LAST NAMES GONZALEZ	
DATE OF BIRTH 01/09/1971	PERSONAL I.D./PASSPORT 8-00-678-887-D	GENDER 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 <input type="checkbox"/> HUSBAND/WIFE <input type="checkbox"/> SON/DAUGHTER <input type="checkbox"/> LEGAL REPRESENTATIVE		

3) RELEASE OF LIABILITY

This agreement releases Centro Medico Caribe 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) _____

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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)