

## Oljabet Hospital

Telephone; 0703 333 111

Email: oljabethospital@yahoo.com

## $\frac{\textbf{OLJABET HOSPITAL DISCHARGE AGAINST MEDICAL ADVICE}}{\textbf{FORM}}$

| Patient Information:  Patient Name:     |   |
|---|---|
|   |   |
| Date of Admission:                      | Date of Discharge:  |
| I,                                      | , hereby request to be discharged against   |
|   | al. I understand that leaving the hospital against medical ations, including the need for further medical treatment and |
| hospitalization.                        | arons, merading the need for rather medical treatment and   |
| I acknowledge that the hospital stat    | ff has advised me against leaving and has explained the   |
| potential consequences of my decisio    | n. I understand that the hospital cannot be held responsible  |
| for any adverse outcomes resulting fro  | om my decision to leave.  |
| I hereby release Oljabet Hospital, its  | employees, physicians, and agents from any and all claims,  |
| liabilities, or damages arising from my | y decision to leave the hospital against medical advice.  |
| I understand that I may be asked to     | sign additional forms and waivers related to my discharge   |
| against medical advice.                 |   |
| Patient Signature:                      | Date:   |
| Witness Signature:                      | Date:   |
| Physician Signatures                    | Data  |



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## OLJABET HOSPITAL DISCHARGE AGAINST MEDICAL ADVICE FORM

| Patient Information:                                     |   |
|--|---|
| Patient Name:  |   |
| Date of Birth:   | Medical Record Number:  |
| Date of Admission:                                       | Date of Discharge:  |
| I,   | , hereby request to be discharged against   |
| · ·  | ospital. I understand that leaving the hospital against medical plications and potentially worsen my medical condition.   |
|  | I staff has advised me against leaving and has explained the cision. I have had the opportunity to ask questions and have had isfaction.  |
| for any negative outcomes that n                         | hospital against medical advice, I am assuming all responsibility nay result from my decision. I agree to release Oljabet Hospital, agents from any and all claims, liabilities, or damages arising |
| from my decision to leave the ho                         |   |
| I understand that I may be asked against medical advice. | d to sign additional forms and waivers related to my discharge  |
| Patient Signature:                                       | Date:   |
| Witness Signature:                                       | Date:   |
| Physician Signature                                      | Date•   |