**DISCHARGE AGAINST MEDICAL ADVICE**

OPD NO. \_\_\_\_\_\_\_\_\_\_\_\_\_

IP NO. \_\_\_\_\_\_\_\_\_\_\_\_\_

Bed no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I Mr. / Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ aged \_\_\_\_\_\_\_\_\_\_\_\_\_ years

And residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Father / Mother / Husband / Wife / Guardian of Mr. / Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ aged \_\_\_\_\_\_ years.

Take the full responsibility is having the patient discharged against medical advise from Shraddha Hospital, Pune.

The medical condition of the patient and consequence / risks of such discharge have been explained to me in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ language that I understand and I hereby confirm that Shraddha Hospital Pune.

Of the doctors, staff and / or administration shall not be held responsible in whatever for any consequent deterioration in the patient’s health and / or the death of the patient.

Signature of Doctor:

Name of Doctor:

Date & Time:

Date:

Time:

Signature:

Name:

Relationship: