**EMERGENCY MEDICAL SERVICE**

**PRE-HOSPITAL CARE REPORT**

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PATIENT REFUSAL FOR TREATMENT AND TRANSPORT

It is my choice and at my own insistence, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

select not to receive Assessment, Treatment, or Transportation, against the advice of the attending Ambulance personnel of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The potential risks associated with my refusal have been explained to me before my signature on this document, which includes risk of serious illness, injury and death.

I hereby release the attending Ambulance personnel from further responsibility for my

well-being. I understand there may be injuries or complications not known to them at this time, but which may result in further illness, injury, permanent disability, or death. I further deny being physically or mentally impaired by my choice to address my medical needs.

I have received and read the above information and am voluntarily signing this release form without undue stress, duress, and without pressure.

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Patient Name and Signature Witness Name and Signature Witness Name and Signature

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LOCATION DATE