

## RETURN OF OXYGEN EQUIPMENT AGAINST MEDICAL ADVICE

**NAME** \_\_\_\_\_

### COMPLETE ONE OF THE FOUR FOLLOWING SECTIONS AS APPROPRIATE

#### **I. Patient requested discharge orders but physician failed to provide discharge orders.**

I certified that (I) \_\_\_\_\_, am returning the oxygen equipment against the advice of my physician. I have been informed and understand the risks and possible consequences of my decision by my physician. I hereby release Professional Medical, and its employees, officers, and directors from any and all responsibility from any adverse effects which may result from my return of this equipment.

#### **II. Physician discharged oxygen but no written discharge order was given.**

I \_\_\_\_\_ have spoken with my physician and (s)he agrees that it is appropriate for me to discontinue oxygen equipment at this time. I hereby release Professional Medical, its employees, officers, and directors from any and from all responsibility for any adverse effects which may result from my return of the oxygen or respiratory equipment.

#### **III. Patient unwilling to request discharge orders.**

I certify that (I) \_\_\_\_\_, am returning the oxygen equipment and I am unwilling to speak to my physician. I hereby release Professional Medical, its employees, officers, and directors from any and from all responsibility for any adverse effects which may result from my return of the oxygen or respiratory equipment.

#### **IV. Patient unwilling to request discharge or sign this form and wants to return equipment.**

\_\_\_\_\_, a(n) oxygen patient at Professional Medical, has returned the respiratory equipment against the advice of his (her) physician or has refused to contact the physician. (S)he was not willing to sign this form. (S)he (did) (did not) speak with the physician before returning this equipment.

\_\_\_\_\_  
**Patient (or legal guardian)**

\_\_\_\_\_  
**Witness**

**Date** \_\_\_\_\_