

## REFUSAL OF DIAGNOSTIC IMAGING AGAINST MEDICAL ADVICE (AMA)

**Patient Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Medical Record Number:** \_\_\_\_\_

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

### 1. Proposed Imaging Procedure:

The following diagnostic imaging test(s) have been recommended by my healthcare provider:

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### 2. Reason for Recommendation:

My healthcare provider has explained that this imaging is necessary to diagnose, monitor, or rule out the following condition(s):

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### 3. Risks of Refusal:

I understand that by refusing this diagnostic imaging, the following risks may occur:

- Delayed or missed diagnosis of a serious medical condition.
- Inability to provide appropriate or life-saving treatment.
- Worsening of my current health status, permanent disability, or death.
- Potential for complications that could have been avoided with early detection.

### 4. Patient Acknowledgment:

I acknowledge that I have been informed of the medical necessity of the recommended imaging. I have had the opportunity to ask questions, and my concerns have been addressed. Despite the warnings and recommendations of my healthcare provider, I voluntarily choose to refuse the imaging at this time.

I release [Facility Name/Provider Name] and its staff from any liability for any ill effects or medical complications that may result from my decision to decline this diagnostic procedure.

**Patient/Guardian Signature:** \_\_\_\_\_

**Relationship to Patient (if applicable):** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_

### Physician/Provider Statement:

I have explained the risks of refusing the recommended diagnostic imaging to the patient/guardian. The patient appears to understand these risks and has expressed their decision to refuse the procedure.

**Provider Signature:** \_\_\_\_\_