

Date: [Date]

Patient Name: [Patient Name]

Patient ID: [ID Number]

Dear [Patient Name],

This letter serves as formal documentation regarding your discharge from [Facility Name] on [Date] at [Time]. You have chosen to leave the facility against the formal medical advice of your attending physician and the surgical team following your recent procedure: [Name of Procedure].

Clinical Risks:

Your healthcare providers have informed you of the potential risks associated with an early discharge following this specific procedure. These risks include, but are not limited to:

- Post-operative hemorrhage (bleeding)
- Infection or sepsis
- Blood clots (Deep Vein Thrombosis or Pulmonary Embolism)
- Wound dehiscence (opening of the surgical site)
- Adverse reactions to anesthesia or medications
- [Insert specific procedure-related risk]

Provider Recommendations:

The medical team recommended continued inpatient observation for [Number] hours/days to monitor your stability and manage pain. By leaving early, you are assuming full responsibility for any complications that may arise.

Follow-Up and Emergency Care:

Despite your early departure, we strongly urge you to:

- Keep your scheduled follow-up appointment on [Date/Time].
- Fill and take all prescribed medications as directed.
- Seek immediate emergency medical attention if you experience chest pain, shortness of breath, excessive bleeding, high fever, or severe pain.

By signing the formal Against Medical Advice (AMA) form at the facility, you acknowledged that you understand these risks and have chosen to terminate treatment prematurely.

Sincerely,

[Physician Name/Administrator Name]

[Facility Name]

[Contact Information]