

Date: [Date]

Patient Name: [Patient Name]

Medical Record Number: [MRN]

Dear [Patient Name],

This letter confirms that you have chosen to discharge yourself from [Facility Name] on [Date] at [Time] against the formal medical advice of your attending physician and the Infectious Disease clinical team.

Medical Concerns:

You are currently diagnosed with or suspected of having: [Specific Diagnosis/Infection]. This condition requires ongoing medical supervision and treatment with [Specific Treatment, e.g., IV Antibiotics].

Risks of Early Discharge:

By leaving the hospital before your treatment is complete, you are at significant risk for:

- Worsening of the infection or sepsis.
- Permanent organ damage or loss of limb.
- Development of antibiotic-resistant bacteria.
- Transmission of the infection to family members or the community.
- Death.

Follow-Up Care:

Despite your decision to leave, we recommend the following immediate steps:

- Contact your primary care physician: [Physician Name/Phone].
- Pick up the following prescriptions at your pharmacy: [Medication List].
- Schedule a follow-up appointment for: [Date/Time].

Emergency Warning Signs:

Return to the nearest Emergency Department immediately if you experience:

- High fever or chills.
- Increased pain, swelling, or redness at the site of infection.
- Confusion or extreme lethargy.
- Difficulty breathing.

The medical team has explained these risks to you, and you have indicated your understanding by signing the formal "Against Medical Advice" form.

Sincerely,

[Physician Name]
[Title/Department]
[Facility Name]