

Date: [Date]

Patient Name: [Patient Full Name]

Date of Birth: [Patient DOB]

Medical Record Number: [MRN]

Dear [Patient Name],

This letter serves as formal documentation that you have chosen to leave [Facility Name] and/or decline the recommended outpatient procedure ([Name of Procedure]) against the medical advice of your attending physician, [Physician Name].

Clinical Recommendation:

Based on your clinical presentation, it was recommended that you undergo the procedure mentioned above for the purpose of [Diagnosis/Treatment/Further Evaluation].

Risks of Refusal:

You have been informed of the potential risks associated with refusing this procedure and leaving the facility at this time. These risks include, but are not limited to: [List specific risks, e.g., worsening of symptoms, undiagnosed illness, permanent injury, or death].

Patient Acknowledgment:

By choosing to leave against medical advice, you acknowledge that you are assuming all responsibility for any physical or medical consequences that may result from this decision. You have been given the opportunity to ask questions, and you have expressed your understanding of the risks involved.

Follow-up Instructions:

Should you change your mind or if your symptoms worsen (such as increased pain, fever, or bleeding), please seek immediate medical attention at the nearest emergency department or contact your primary care provider. Our recommendation for the procedure remains in effect.

Sincerely,

[Physician Signature]
[Physician Name and Title]
[Facility Name]

Witness Statement (If applicable):

I was present during this discussion and witnessed the patient's refusal of the procedure and their decision to leave against medical advice.

[Witness Signature]

[Witness Name and Date]