

**Date:** [Current Date]

**To:** [Patient Name]

**Address:** [Patient Address]

**Date of Birth:** [Patient DOB]

**Subject: Discharge Against Medical Advice (AMA)**

Dear [Patient Name],

This letter serves as formal notification that you have chosen to discontinue treatment at [Name of Wound Care Clinic] effective [Date of Departure]. You are being discharged from our care Against Medical Advice (AMA).

On [Date], the clinical staff discussed the status of your wound(s) with you. We advised that continued professional treatment is necessary for your health and safety. Specifically, the following risks were explained to you regarding leaving treatment at this time:

- Severe infection or sepsis
- Worsening of the wound/ulcer
- Loss of limb or amputation
- Delayed healing or permanent tissue damage
- Possible death due to complications

Despite these warnings, you have expressed your desire to terminate care. Please understand that by leaving against medical advice, you are assuming full responsibility for any physical or medical complications that may result from the lack of professional wound management.

**Follow-Up Recommendations:**

We strongly urge you to seek immediate medical attention from another provider or a primary care physician to continue your wound care. If you experience increased pain, redness, swelling, foul odor, or fever, please go to the nearest Emergency Room immediately.

A copy of this letter will be placed in your permanent medical record.

Sincerely,

[Physician/Provider Name]

[Title]

[Clinic Name]

[Phone Number]