

Discharge against Advice Form.

The Village Residence

I hereby request my discharge from this facility against the advice of its medical staff.
It has been explained to me that my present condition is such as to require further treatment
and/or hospitalization and that I leave the facility at my own risk. I hereby release the facility and its staff
from all responsibility for any consequences of this act.

SIGNATURE OF PATIENT

IF PATIENT IS A MINOR OR INCOMPETENT TO SIGN:

SIGNATURE OF RESPONSIBLE GUARDIAN

RELATIONSHIP TO PATIENT

WITNESS:

SIGNATURE OF WITNESS

POSITION TITLE

PATIENT'S IDENTIFICATION (NAME-Last, First, Middle)

REGISTER NO.

WARD NO.

RELEASE FROM RESPONSIBILITY FOR DISCHARGE