

YUNG C CHEN, M.D.

San Mateo Spine Center

SPINE & MUSCULOSKELETAL MEDICINE * PHYSICAL MEDICINE & REHABILITATION

334 NORTH SAN MATEO DRIVE, SAN MATEO, CA 94401*TEL 650-558-1802* FAX 650-558-1806

DATE:

RE:

AGAINST MEDICAL ADVICE (AMA) FORM

This is to certify that I, _____, a patient at San Mateo Spine Center, am refusing at my own insistence and without the authority of and against the advice of my attending physician, Yung C. Chen, M.D. I am requesting to leave San Mateo Spine Center without any other individuals to take and drive me home against my attending physician's medical advice. The medical risks/benefits have been explained to me by a member of the medical staff, and I understand those risks. I hereby release the medical center, administration, personnel, and my attending physician from any responsibility for all consequences that may result from me leaving under these circumstances.

Medical risks:

- Additional pain and/or suffering
- Car accident
- Death
- Falling/fainting
- Permanent disability/disfigurement

Patient Signature

Date

Physician Signature

Date

Witness Signature

Date