

AGAINST MEDICAL ADVICE INFORMED CONSENT

I, _____, hereby authorize and direct LaSalle
Print Patient's Name

Ambulance Service, Inc. and its employees to transport me directly to
_____. I understand that my request to be
Print Patient's Choice of Hospital Name

transported to this facility and/or my refusal of indicated medical interventions is against the advice and judgment of LaSalle's Emergency Medical Personnel and/or the Medical Control Physician due to the: (check all that apply and have the patient initial all applicable statements)

- ☐ _____ patient's choice of hospitals does not have specialty services necessary for the patient's condition
- ☐ _____ patient's condition warrants transport to the closest emergency department (List closest ED: _____)
- ☐ _____ hospital's emergency department is unable to provide timely and appropriate medical diagnosis and treatment to additional ambulance patients
- ☐ _____ refusing indicated medical interventions. List the specific intervention(s) being refused by the patient below.
- ☐ _____
- ☐ _____

I fully understand that this request may be in conflict with standard medical protocol, and may contribute to a deterioration of my current serious condition and include delay in treatment, worsening of condition, or even death. Additionally, I fully release and forever discharge LaSalle Ambulance Service Inc., the hospital of my choice, and its emergency and staff physicians from any and all liabilities resulting from my informed decision.

Patient or Guardian signature

AASI Employee signature

Print Witness Name

AASI Employee signature

Witness signature

Date of Service

Print Witness Name

Incident Number

Witness signature