



THUMB REGION

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PATIENT REFUSAL FOR AMBULANCE TRANSFER

This is to certify that I, _____,

have been examined and treated at Huron Medical Center and that I have refused ambulance transfer.

I have had the opportunity to ask questions regarding the risks and benefits of ambulance transfer and have been informed of such.

I hereby release and hold harmless my attending physician and Huron Medical Center from all responsibility and for any and all ill effects which may result in my refusal to be transferred by ambulance.

RISKS:

BENEFITS:

Date

Patient Signature

Witness

Signature of legally responsible person
(if applicable)