

Patient: _____
History #: _____
DOB: _____

**DUKE OUTPATIENT CLINIC
RELEASE AGAINST ADVICE OF PHYSICIAN**

DATE: _____

I, _____, do hereby certify that I am leaving the Duke Outpatient Clinic against the advice and without the permission of the clinic physician and that I accept all responsibility for such action, releasing Duke Outpatient Clinic from any blame or liability whatsoever.

Signature: _____

(relationship to patient if signed by someone other than the patient)

This formal release is to be witnessed by a member of the clinic staff and is to be filed in the patient's medical record.

Witness:

Printed Name: _____

Signature: _____

Signature of Medical Director: _____ Date: _____
Lynn A Bowlby, MD