



**Home Oxygen Company**

*Your Medical Equipment Solution*

## AGAINST MEDICAL ADVICE

DATE: \_\_\_\_\_

PATIENT NAME (please print): \_\_\_\_\_

**EQUIPMENT:**

OXYGEN (E1390, E1392, K0738)

CPAP (E0601)

BIPAP/AVAP/VPAP (E0470, E0471)

NEBULIZER (E0570)

I understand that by refusing delivery and /or requesting pick up of the above equipment, I am doing so against medical advice and accept all responsibilities for any consequences which have been explained to me by my physician and/or a representative of Home Oxygen Company Inc. which might arise as a result. I declare that I am not using nor do I intend to use this equipment and I don't wish to have it in my house.

Refusal to acknowledge/sign equipment and I don't wish to have it in my house.

PATIENT SIGNATURE: \_\_\_\_\_

WITNESS (print): \_\_\_\_\_ (Signature) \_\_\_\_\_