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 to 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) _____