MEDCARE EQUIPMENT COMPANY
RESPIRATORY SELF-RELEASE FORM

Patient: ____

Equipment: ____

I, ______________________________ am refusing the use of the respiratory equipment provided to me by Medcare Equipment Company.

My physician, Dr. ________________________, is not authorizing the release of this equipment due to medical necessity.

The possible risk to my health that may be involved with discontinuing the use of this equipment has been explained to me, and I understand the risk. The risk can include, but is not limited to, complications and serious injury and, in some cases, death.

I therefore release and hold harmless Medcare Equipment Company: its successors, affiliates, and/or agents from any and all claims arising out of the discontinuation of the equipment.

____

Patient Signature Date

____

Witness Date

____

Witness Date

If signed by someone other than the patient,
the relationship of caregiver/POA is______________________________________

The reason patient is unable to sign is____________________________________

MEC-57 (Rev. 8/14)