

PM RESPIRATORY SERVICES, INC.
AMA FORM

I _____ hereby release PM RESPIRATORY SERVICES, INC. and my
Physician _____ from any liability from my decision to have my medical
equipment device _____ picked up against medical advice.

I acknowledge that my Physician has prescribed this medical equipment, but I request it to
be picked up regardless.

Patient Printed Name: _____

Patient Signature: _____

Date: _____



PM Respiratory Services, Inc
3306 SW 26th Ave, Bldg. #400, Suite #402
(877) 237-4545 ** fax (877) 237-9655
Office Hours: 8:00am-5:00pm M-F
24-Hour Service Provided