PRO2, LLC
professional oxygen and cpap services

3586 California Rd.
Orchard Park, New York 14127
(716) 667-9600
1 (866) 667-9600
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Refusal of Medical Treatment Form

Patient Name ________________________

D.O.B.______________________________

Physician____________________________

Physician Fax #________________________

Type of Equipment_____________________

I, ______________________________ request the removal of medical equipment from my home. I understand that it is against medical advice and I take full responsibility for my actions. I release Pro2 from all liability that may result from my actions.

Signature of Patient___________________________ Date________________

Signature of Pro2 Rep__________________________ Date________________