

MORTON PLANT HOSPITAL
Clearwater, Florida

PATIENT'S SELF RELEASE FORM

I have been informed that it is not in my best medical interest to leave the hospital at this time and that I do so against medical advice. I hereby release the Morton F. Plant Hospital and Doctor A. Hunt of all responsibility as I am leaving the hospital of my own volition.

Patient Lisa M. Hanson

Witness [Signature] *Judy Goldberry, M.D.
Dep. Med. Off.*

This should be stapled to the admission sheet on the chart immediately.

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MORTON PLANT HOSPITAL
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