

Virginia, Missions of Mercy (MOM Project)

IMPORTANT NOTICE

The Remote Area Medical Volunteer Corps (RAM) is a 501 (c) (3) medical relief charity with no paid employees and is NOT part of a government program.

RAM volunteers may not be able to provide you with all the services you need but if you would like to consult with our volunteer team and receive the type of treatment being offered today, PLEASE READ THE PATIENT WAIVER BELOW VERY CAREFULLY.

PATIENT WAIVER

Vision Care Patients Note: While the volunteer vision care specialists offer high quality examinations, I understand that, because of the number of people needing to be seen, there is not time for an extensive detailed eye exam, so my prescription and/or diagnosis may or may not be correct. I also understand that, because of time restrictions and the number of patients, RAM volunteer opticians might not be able to complete my eyeglasses and I will be given my choice of free frames and my lens prescription to be filled elsewhere at some cost to me. *(Remote Area Medical Volunteer Corps will make every effort to supply new eyeglasses to each patient who needs them. However, RAM and associated professionals work in cooperation with various service groups to occasionally provide used eyeglasses free of charge to eligible patients. If I accept any free eyeglasses, new or used, it is with the understanding that they may or may not be my exact optical prescription. If discomfort or visual disturbances occur as a result of wearing the glasses, I agree to stop wearing them and consult an eye doctor.)*

Dental Patients Note: While the volunteer hygienists, dentists and oral surgeons offer high quality procedures with good equipment, I understand that, because of the number of people needing to be seen, I might not receive multiple extractions or multiple fillings. I understand that I might have certain medical conditions which would keep me from having the type of treatment I am requesting. I also understand that the dental care providers are volunteers, some from out-of-town and are not available for follow-up care in the event of complications. I agree to seek any follow-up care I might need from my local dentist, health department, family physician or a hospital emergency room.

In consideration of the free health care services received on the date below. I, for myself and anyone entitled to claim through me, do hereby waive and release Remote Area Medical or any persons or organizations acting on their behalf or sponsoring or volunteering at this clinic from all claims of liability arising out of my acceptance of such free care including but not limited to medical, surgical, dental, and/or vision care or other health care or medical advice.

I grant to Remote Area Medical and its agents the right to use my picture, voice and other reproductions of my physical likeness in connection with advertising or publicizing Remote Area Medical services and its activities in all forms of media in perpetuity.

I have read, or had read to me, and understand and agree to all of the above.

Patient signature
(parent or guardian if patient is under 18 years of age.)

Date