

Form - G

REQUEST FOR DISCHARGE BY INDEPENDENT PATIENT

[See rule 8]

To,
The Medical Officer in-charge

Sir/Madam,

Subject: - Request for discharge.

I, Mr. /Mrs. _____ residing at _____ aged _____ son/daughter
of _____
_____, was admitted in your mental health establishment as an Independent admission
patient on _____.
_____ I now feel better and wish to be discharged. Kindly arrange to discharge me immediately.

Address

Signature

Dat

e

Mo

bile

E-mail

Name

N.B.: - Please strike off those which are not required.