

**Form - H**

**REQUEST FOR DISCHARGE OF A MINOR BY ITS NOMINATED REPRESENTATIVE**

[See rule 8]

To,  
The Medical Officer in-charge

\_\_\_\_\_  
\_\_\_\_\_

Sir/Madam,

Subject: - Request for discharge.

I am the nominated representative of Mr. /Ms. \_\_\_\_\_ residing at \_\_\_\_\_ aged \_\_\_\_\_ son/daughter of \_\_\_\_\_ who was admitted in your mental health establishment as a minor patient on \_\_\_\_\_. Mr./Ms. \_\_\_\_\_ now feel better and wish to be discharged. Kindly arrange to discharge him/her immediately.

Address

Signature

Date

Mobile

E-mail

Name

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