

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:

Email :

Name:

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