

**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

Date

Mobile

E-mail

Name

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