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| --- | --- |
| Patient Details Please use a patient label | |
| Ward:- | Ward ext Number |
| Named Social Worker | |
| Brief description of withdrawal /removal of | |
| Fax 1 (section 2) | |
| Fax 2 (section 5) | |
| Patient has been discharged or other information (brief description) | |

|  |  |  |
| --- | --- | --- |
| **Signature of Medical Professional** | **Please Print Name** | **Date** |
|  |  |  |