

Form GU 8

Regulation 14

Mental Health Act 1983 section 23 - discharge by the responsible clinician or the responsible local social services authority

I order the discharge of

(full name of patient
and their address)

(state section)

from guardianship under section of the Mental Health Act 1983

on

(date
and time)

at

Signed: the Responsible Clinician

Name:

Date:

OR

Signed:
on behalf of the responsible local social services authority

Name:

Date: