

Leave of absence for a patient subject to a section 11 or section 13 assessment notice

To: *Name of patient*

Patient's date of birth *Date of birth*

You are granted leave of absence from: *Name & address of hospital or service or other place where patient being treated*

for a period of: *Number of hours/days leave granted for*

Commencing on: *Date leave to commence*

When your leave expires you must return to the hospital shown above on: *Date and time patient to return to hospital*

Your leave is subject to the following terms and conditions: *Any terms and conditions as determined by responsible clinician*

This leave was approved by: *Name of responsible clinician*

of: *Business address and telephone number of responsible clinician*

/ /
Signature of responsible clinician Date