

Patient ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name:	<input type="text"/>								
Age:	<input type="text"/>	Sex:	M	<input type="checkbox"/>	F	<input type="checkbox"/>			
Ward/Unit:	<input type="text"/>	Bed:	<input type="text"/>						
Consultant:	<input type="text"/>	Date:	<input type="text"/>						

TEMPORARY ABSENCE RELEASE

Having obtained consent from the attending Physician to leave the hospital for my own

convenience from _____ (Date) _____ (Time) to _____ (Date) _____ (Time),

I assume all responsibilities for myself.

During this period of temporary absence, I hereby release United Hospital Limited and it's attending physicians from all consequences relating to my medical condition as a result thereof.

Name of Patient: _____

Signature

Date

Time

Signature of Attending Nurse

Date

Time

Signature of Attending Nurse

Date

Time