

Notice of cancellation of leave

To:
Name of person who is caring for the patient while on leave or to the patient

of:
Address of that person

concerning:
Name of patient

Patient's date of birth
Date of birth

I hereby give notice of the cancellation of leave granted to the above named patient for the period:

from:
Date leave commenced

to:
Date leave was to expire

The patient is to return to:
Name & address of institution or service or other place where patient to return for treatment

This notice was made by:
Name of responsible clinician

of:
Business address and telephone number of responsible clinician

/ /
Signature of responsible clinician *Date*