

FORM 19
MENTAL HEALTH ACT
[Section 36, R.S.B.C. 1996, c. 288]

CERTIFICATE OF DISCHARGE

This is to certify that _____ ,
first and last name of patient (please print)

was discharged from _____
name of designated facility

on _____ .
date (dd / mm / yyyy)

director's signature

date (dd / mm / yyyy)

name of director (please print)