



Scripps

Mercy Hospital
4077 Fifth Avenue, San Diego, CA 92103-2180

WITHDRAWAL OF REQUEST FOR RELEASE

PATIENT INFORMATION

On _____, I requested release from the Scripps Mercy Hospital Behavioral Health
(date)
Unit on my behalf, or on behalf of _____, I do now withdraw said
(name of patient)
request for release.

Dated: _____

Witness and date

(Signature or mark of patient
making request for release)

Witness and date

(Signature or mark of person
making request on behalf of
patient)

SUPERIOR COURT FOR SAN DIEGO COUNTY
220 West Broadway
San Diego, California 92101

ATTENTION:

On _____, we notified you that a request for release from the Behavioral Health
(date)
Unit of this Hospital had been filed by or on behalf of _____,
(name of patient)

We have today received the foregoing withdrawan of said request for release.

SCRIPPS MERCY HOSPITAL

By: _____
name

title