

自動出院同意書

Taichung Veterans General Hospital Wanqiao Branch

VOLUNTARY DISCHARGE FROM HOSPITAL

Date : _____, 200_

To : **Taichung Veterans General Hospital Wanqiao Branch** 1

I, _____, the Undersigned, have suffered from the disease of _____ and am receiving inpatient treatment Taichung Veterans General Hospital Wanqiao Branch . Due to my personal consideration, I hereby take the initiative to request to be discharged from the hospital. In case of any unexpected development of my disease after I leave the hospital, Taichung Veterans General Hospital Wanqiao Branch and the doctor are totally free of any responsibility.

Voluntarily Requested by: _____ (Signed with seal)

Witnessed by : _____ (Signed with seal)