

# DISCHARGE RELEASE

(PLEASE PRINT)

<b>PATIENT NAME:</b>	<b>PATIENT NUMBER:</b>
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It is my request that TideWell Hospice discharge the above named patient from

\_\_\_\_\_ services and care.

\_\_\_\_\_  
Signature of person requesting discharge

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

\_\_\_\_\_  
TideWell Representative

\_\_\_\_\_  
Date