

**Section 19 – authority for transfer from one hospital to another under different managers**

**PART 1**

*(To be completed on behalf of the managers of the hospital where the patient is detained)*

Authority is given for the transfer of *(PRINT full name of patient)*

from *(name and address of hospital in which the patient is liable to be detained)*

to *(name and address of hospital to which patient is to be transferred)*

in accordance with the Mental Health (Hospital, Guardianship and Treatment) (England) Regulations 2008 within 28 days beginning with the date of this authority.

Signed

on behalf of the managers of the first named hospital

PRINT NAME

Date

 

**PART 2 – RECORD OF ADMISSION**

*(This is not part of the authority for transfer but is to be completed at the hospital to which the patient is transferred)*

This patient was transferred to *(name of hospital)*

in pursuance of this authority for transfer and admitted to that hospital on

 

*(date of admission to receiving hospital)* at

*(time)*

Signed

on behalf of the managers of the receiving hospital

PRINT NAME

Date