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

## PART 1

•	•	of the managers of the hosp of (PRINT full name of pation	oital where the patient is detained) ent)	
	,	,	,	
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)				
		ealth (Hospital, Guardianshi beginning with the date of t	·	
Signed				
on beha	If of the managers of the	first named hospital		
PRINT NAME			Date	
			1 1	
	P	ART 2 – RECORD OF ADM	ISSION	
(This is not part of the authority for transfer but is to be completed at the hospital to which the patient is transferred)				
This pat	ient was transferred to (	name of hospital)		
in pursuance of this authority for transfer and admitted to that hospital on				
	1 1	(date of admission to recei	iving hospital) at	
	:	(time)		
Signed				
on behalf of the managers of the receiving hospital				
PRINT NAME			Date	
			1 1	