

## PATIENT FUNDS

### Notification of Discharge/Death

Surname: _____	Forename(s): _____
Home Address: _____ _____ _____	CHI NO: _____
Hospital: _____	Ward: _____
Date of Discharge/Death: _____	
Destination (full address if different from above) _____ _____ _____	
Deceased – Next of Kin or Curator	
Name _____	
Address: _____ _____ _____	
Charge Nurse (or Deputy):	
Name: _____	
Date: : _____	

This form should be forwarded to the Patients Funds Department. Immediately after discharge, death of a patient who has been entered into the Patients Funds Systems.

This should be irrespective of any prior request for closing balance.