

Department of Health, Taipei City Government
Application for withdraw the mediation in
medical dispute

I _____ apply mediation for mediation dispute with
_____ (name of medical staff) and _____
(name of medical institutions) on _____ (yy/mm/dd).

Due to the fact that _____ I withdraw this
application

To Department of Health, Taipei City Government

Applicant sign & seal :

Identification no. :

Applied Date: YY MM DD