

Revocation Of Suspension

A certificate suspending the authority to detain the patient in hospital was granted on:

Date

/ /

I am satisfied that in the interests of the patient; or for the protection of any other person, it is necessary to revoke this certificate. The patient will be detained in:

Hospital

Notification Details

I confirm that I gave notice of this revocation to the following parties as soon as was practicable (within 14 days for the Commission) after the revocation took place.

- The patient
- Where a person is placed in charge of the patient, that person
- The Scottish Ministers
- The Mental Welfare Commission (see note 2)
- The patient's named person (if any) (see note 1)
- The patient' GP (see note 1 & note 2)
- The patient's MHO (see note 1)

Signature / Date

Signed by the RMO

Date

/ /

Notes

1. Not required where patient is subject to an assessment order
2. Notification only required if period of suspension was greater than 28 days

