

Revocation of Suspension

I confirm that I am satisfied that in the interests of the patient; or for the protection of any other person, it is necessary to revoke the suspension certificate granted on:

Date / /

That suspension certificate was granted under:

- Section 127 - Suspension of measure authorising detention
- or
- Section 128 - Suspension of other measures

The reasons for revoking the suspension certificate are:

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Where revoking suspension of detention, the patient will be re-detained in

Hospital

Signature / Date

I confirm that I will give notice of this revocation to the following parties as soon as practically possible after the revocation:

- the patient
- the patient's named person (if any)
- the patient's general medical practitioner
- the patient's MHO
- any person authorised by the RMO
- the Mental Welfare Commission

Signed by the RMO

Date dd / mm / yyyy / /

