

I N S T R U C T I O N S

This form is to be completed by a physician when the patient on temporary release refuses to return on request by the physician.

Copies of this form must be provided to the:

- RCMP;
- Chief Executive Officer, Whitehorse General Hospital; and
- patient.

The patient must be informed of his/her right to have his/her status reviewed by the Capability and Consent Board, and provided with a blank copy of Form 9 (Application to the Capability and Consent Board).

This form is valid for 21 days from date of issue.

IN THE MATTER OF the *Mental Health Act*

AND IN THE MATTER OF _____, hereinafter called the person.
Name of patient

To: _____
Peace officer

and to all police officers in the Yukon Territory.

WHEREAS the person is subject to detention, care and treatment pursuant to the *Mental Health Act* and is absent from _____ without authorization;
Name of hospital

AND WHEREAS the absence of this person without authorization became known to me on _____;
Date (day/month/year)

NOW THEREFORE I hereby provide authorization for you to return this person to the above hospital;

THIS ORDER shall have force for 21 days from the date this order is signed.

DATED at _____,
this _____ day of _____, _____.
month year

} _____
SIGNATURE OF PHYSICIAN

} _____
PRINTED NAME OF PHYSICIAN