FORM 12 MENTAL HEALTH ACT [Section 31, R.S.B.C. 1996, c. 288]

MEDICAL REPORT (SECOND MEDICAL OPINION)

To the director of	· · · · · · · · · · · · · · · · · · ·
nam	e of designated facility
On I examined I examined	
who is a patient at	
nar	ne of designated facility
Based on my examination, my opinion on the approp (include recommendations if any):	riateness of the treatment is
	Note: If above space is insufficient, continue on back of form
physician's signature	date (dd / mm / yyyy)
physician's name (please print)	-
physician's address and phone	e number
For Office	Use Only
I acknowledge receipt of this medical report.	

signature of director