



**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 patient's RMO
- The Mental Welfare Commission (see note 2)
- The patient's named person (see note 1)
- The patient's GP (see note 1 & note 2)
- The patient's MHO (see note 1)

**Signature / Date**

Signed  
on behalf of Scottish Ministers

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Date  
dd / mm / yyyy

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**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

