



AMP / RMO Details

Surname [Grid]

First Name [Grid]

Title [Grid] GMC Number [Grid]

Hospital [Grid]

Ward / Clinic (If appropriate) [Grid]

Telephone No. [Grid]

e-mail address [Grid]

Approved under section 22 of the Act by:

Health Board NHS [Grid]

Revocation of Certificate

I, the AMP / RMO named above, am revoking the patient's detention certificate, for the reasons stated below, as I am **no longer satisfied** that:

- the patient's condition meets the criteria for detention
  - a) That the patient has a mental disorder;
  - b) that because of the mental disorder, the patient's ability to make decisions about the provision of such medical treatment is significantly impaired.
  - c) that if the patient were not provided with such medical treatment there would be a significant risk to the health, safety or welfare of the patient; or to the safety of any other person
- that it continues to be necessary for the detention in hospital of the patient to be authorised by the certificate

1 [Large empty box for reasons]

Date Certificate Revoked [Grid] / [Grid] / [Grid]

Time Certificate Revoked [Grid] : [Grid] (24 hr)





