



Part 1: Revocation of Certificate

To be completed by AMP or RMO

AMP / RMO Details

Surname [grid]

First Name [grid]

Title [grid] GMC Number [grid]

Hospital [grid]

Hospital address [grid]

[grid]

[grid]

[grid]

Postcode [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 AND,
b) that, because of the mental disorder, the patient's ability to make decisions about the provision of medical treatment is significantly impaired AND,
c) that if the patient were not detained in hospital 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 notes]

Date Certificate Revoked [grid] / [grid] / [grid]

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





