



Notice to Patient under Subsections 38(1) and (7) of the Act

H-0154351

patient identification number
(used for notice to Area Director of Legal Aid)

To BRENDA ELIZABETH EVERALL

(print name of patient)

of R.B.8 PICTON, ONT K0K2T0.

(home address)

This is to inform you that you are being detained under the authority of a

or on 20

Certificate of Involuntary Admission (Form 3)

or

Certificate of Renewal (Form 4)

which expires on _____
(date of expiry)

This certificate was completed by E.B. CONN

(print name of physician)

on June 26/98, because Dr B Conn

(date)

(print name of physician)

is of the opinion that you are suffering from mental disorder of a nature or quality that likely will result in:

- serious bodily harm to yourself
- serious bodily harm to another person
- imminent and serious physical impairment to you

If you wish to challenge your detention, you have the right to a hearing before the review board. You may apply for a hearing by completing Form 16 (attached) or by writing directly to either the officer-in-charge of the psychiatric facility

E.B. Conn

(print name of officer-in-charge)

or the chair of the panel of the review board

(print name of chair)

June 13/98
(date)

E.B. Conn
signature of attending physician

E.B. Conn
(print name of attending physician)

Belleville Gen