

Ministry of Community and Social Services Mental netalogolol 0/2
Facilities
Division

ORIGINAL PALE.

## DECLARATION OF NECESSITY

	*		1	Case Book No	
Name		English, I	I.R.C. Oril	lia Ward or Unit	mar es
		Facility		Ward or Unit	A.V
To be complete	d only when patient is not c	apable of giving conser	nt and next.of	kin are not available	
is known.		-p army donaer	it und next-of	-Kill are Hot available	or none
					*
Declaration of A	Attending Physician:		*	Date Jan.	20/78
		843) 1104.10		Service to be a property	5
I hereby state ti	hat I have today examined _		18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	iterative territory or a	104
and in my opini	ion he (or she) is in need of	pin & plate -	fracture	d left hip	C 135
1			I		PATER PROPERTY.
		Treatment or Surgery	-		
Witness	,	********	S	taff Physician	M.D.
Declaration of	Medical Director	*	. :	*	20/90
690	Director of Treatment & Tra Medical or Surgical Consulta			Date Jan.	20/18
Dr.	Medic	al Director ( <del>Director c</del>	f Treatment &	-Training, Medical or S	urgical
G <del>onsultan</del> t) at _	Huronia Regional Cer	ntre, Orillia	ia lessanni	was the second	D DOYNG B
hereby declare the	hat I have reviewed the decla	ration of Dr.		The production of	en soy od - Just
re		and after due and care	ful consideration	on I am satisfied that t	he treatment
or surgery propo giving consent.	sed is a necessity and should	be carried out withou	it delay and th	at the patient is not ca	pable of
				Categorius any ten	
			Sa s danhara		***
Witness	The second secon	-	, I	M.D., Director Me	dical M.D.
				Services	171110