



[Redacted]

ORIGINAL FILE

DECLARATION OF NECESSITY

Case Book No. [Redacted]

Name [Redacted] Facility H.R.C. Orillia Ward or Unit TV 7

To be completed only when patient is not capable of giving consent and next-of-kin are not available or none is known.

Declaration of Attending Physician: Date Jan. 20/78

I hereby state that I have today examined [Redacted]  
and in my opinion he (or she) is in need of pin & plate - fractured left hip  
Treatment or Surgery

which is a necessity at the present time to preserve his (or her) physical and/or mental health and he (or she) is not capable of giving consent.

Witness [Redacted] [Redacted] M.D.  
Staff Physician

Declaration of Medical Director Director of Treatment & Training Medical or Surgical Consultant Date Jan. 20/78

I, Dr. [Redacted] Medical Director (~~Director of Treatment & Training, Medical or Surgical Consultant~~) at Huron Regional Centre, Orillia

hereby declare that I have reviewed the declaration of Dr. [Redacted]  
re [Redacted] and after due and careful consideration I am satisfied that the treatment or surgery proposed is a necessity and should be carried out without delay and that the patient is not capable of giving consent.

Witness [Redacted] M.D., Director Medical Services M.D.