

- Notification Of Order to Return a Formal Patient to Facility (Form 3)**  
 **Notification of Cancellation of Order to Return a Formal Patient to Facility**

Complete and fax to local Health Records (*check with your local Health Records for the current fax #*). Contact your local police service (*use the non-urgent phone line*) for faxing instructions. Do not fax without first calling ahead.

**To: Health Records** Specify Site \_\_\_\_\_

**From:** Specify Site \_\_\_\_\_

- Cc:**
- |   |   |
|---|---|
| <input type="checkbox"/> Calgary Police Services (ph 403-266-1234)                        | <input type="checkbox"/> Lacombe (ph 403-782-6666)      |
| <input type="checkbox"/> Edmonton Police Service (ph 780-421-3333)                        | <input type="checkbox"/> Medicine Hat (ph 403-529-8400) |
| <input type="checkbox"/> Lethbridge (ph 403-322-2210)                                     | <input type="checkbox"/> Camrose (ph 780-672-8300)      |
| <input type="checkbox"/> RCMP (ph 780-412-5424)   | <input type="checkbox"/> Other _____                    |
| <input type="checkbox"/> Head, Department of Psychiatry: <input type="checkbox"/> Calgary | <input type="checkbox"/> Edmonton                       |

<b>Patient Information</b>	
Name	Date of Birth ( <i>yyyy-Mon-dd</i> )
RHRN	PHN

<b>Complete the section below if cancelling the Form Notification of Order to Return a Formal Patient to Facility (Form 3)</b>		
Please be advised the Mental Health Act Form 3 issued for the above patient on _____ (approx date of issue) is hereby cancelled.		
Physician Name ( <i>Notification</i> )	Signature	Date ( <i>yyyy-Mon-dd</i> )