

CANADA
PROVINCE OF SASKATCHEWAN

WHEREAS a community treatment order was issued on _____
(dd/mm/yy)

pursuant to section 24.3 of *The Mental Health Services Act* with respect to:

(name of person who has been the subject of a community treatment order)

AND WHEREAS that person no longer meets the criteria specified in clause 24.3(1)(a) of *The Mental Health Services Act*,

I, the undersigned _____
(name of attending physician)

being the psychiatrist responsible for the care and treatment of the person in the community, hereby revoke the certificate issued pursuant to section 24.3 of *The Mental Health Services Act* that is in effect on this date;

and you, _____
(name of person who has been the subject of a community treatment order)

are hereby advised that you are no longer subject to the conditions of that community treatment order.

Date (dd/mm/yy)

Signature of attending physician

Distribution

1. Patient
2. Nearest relative
3. Proxy (if any)
4. Personal guardian (if any)
5. Official representative