



**RMO Details**

Surname

First Name

Title  GMC Number

Hospital

Hospital address

Postcode

Telephone No.

e-mail address

Approved under section 22 of the Act by:

Health Board **NHS**

**Revocation Of Certificate**

I, the RMO named above, am revoking the certificate because I am not satisfied that if the patient does not continue to be detained in hospital it is reasonably likely that there will be a significant deterioration in the patient's mental health.

I confirm that I will give notice of this revocation to the parties listed below as soon as is practicable after the revocation:

- (a) the patient
- (b) the patient's named person (if any)
- (c) any guardian of the patient (see note 1)
- (d) any welfare attorney of the patient (see note 2)

I confirm it is my responsibility to ensure that notice (in the form of a copy of this document) will be sent to the following parties within 7 days of the revocation:

- (e) The Mental Welfare Commission
- (f) The Mental Health Tribunal for Scotland

Signed by the RMO

Date dd / mm / yyyy  /  /

**Notes**

1) "Guardian" means a person appointed as a guardian under the Adults with Incapacity (Scotland) Act 2000 (asp 4) who has power by virtue of section 64(1)(a) or (b) of that Act in relation to the personal welfare of a person.

2) "Welfare attorney" means an individual authorised, by a welfare power of attorney granted under section 16 of the Adults with Incapacity (Scotland) Act 2000 (asp 4) and registered under section 19 of that Act, to act as such.

