

Section 59(2)(b) second opinion

Patient name:

Date of birth:

Address:

Date of patient assessment:

In my opinion, the following treatment is considered to be in the interest of the patient:

Name of psychiatrist appointed for the purposes of s 59(2)(b) by the Mental Health Review Tribunal:

Business address and telephone number:

Signature

Date

- A copy of this notice has been sent to the Director of Area Mental Health Services.