

**NOTICE OF CANCELLATION**

(Mental Health Act, R.S.N.B. 1973,  
c.M-10, s.39)

I, \_\_\_\_\_ of \_\_\_\_\_ ,  
(Name of  
Attending Psychiatrist) (Address)  
 am the attending psychiatrist of \_\_\_\_\_ ,  
(Name of Patient)  
 a patient admitted to \_\_\_\_\_ .  
(Name of Psychiatric Facility)

I have examined the patient and have found the patient to be mentally competent.

I hereby cancel the certificate of incompetence which was issued with respect to the patient by \_\_\_\_\_ on the \_\_\_\_\_  
(Name of Psychiatrist Who Signed Certificate)  
 day of \_\_\_\_\_ , 19 \_\_\_\_\_ .

Dated this \_\_\_\_ day of \_\_\_\_\_, 19\_\_.

\_\_\_\_\_  
 Signature of Attending Psychiatrist

**AVIS D'ANNULATION**

(Loi sur la santé mentale, L.R.N.-B. de 1973,  
chap.M-10, art.39)

Je soussigné(e) \_\_\_\_\_ de \_\_\_\_\_ ,  
(nom du  
psychiatre traitant) (adresse)  
 psychiatre traitant de \_\_\_\_\_ ,  
(nom du malade)  
 malade admis à \_\_\_\_\_ ,  
(nom de l'établissement psychiatrique)

ai examiné le malade et je l'ai trouvé capable mentalement.

J'annule par conséquent le certificat d'incapacité qui a été délivré à l'égard du malade par \_\_\_\_\_  
(nom du psychiatre qui a signé le certificat)  
 le \_\_\_\_\_ 19 \_\_\_\_\_ .

Fait le \_\_\_\_\_ 19\_\_.

\_\_\_\_\_  
 Signature du psychiatre traitant