

Emergency Petition and Order Fax Cover Sheet

INFORMATION ONLY

NAME OF PATIENT:

Peter Patient

YOU: The Sender (Physician / Hospital)

Hospital

CIRCLE Hospital:

Chippenham VCU-MCV BS-RCH Retreat McGuire Veterans

Other: XYZ Hospital

Where is the patient in the hospital NOW?

[] Emergency Room [] Other Room: Number: __ Floor: __

Physician

Physician Name: DAVID DOCTOR, M.D.

Today's Date: 1-1-2017 Time: 4:20pm

Physician's Phone: (804) 123 4567

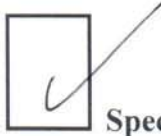
Physician's Pager / Mobile Phone: (804) 000-0000

Hospital Nursing Station Phone for Patient: (804) 234 5678

Hospital Fax Number (for return of signed order): (804) 345-6789

Emergency Petition and Order Fax Cover Sheet

Phone And Facsimile Numbers



Special Justice R. S. **Majette**, FACSIMILE: **804-414-7780**

ALTERNATE EMERGENCY FACSIMILE ONLY : 804-649-0654 (O)

Mobile Telephone: 804-690-8720

Home Telephone: 804-273-9634



Special Justice R. R. **Dawson**, FACSIMILE: **804-747-5576**

Mobile Telephone: 804-248-3023

Home Voice: 804-740-1647

Fax to Special Justice On Call. Schedule at <http://majette.net/doctors>.

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C:12/31/2016 6:11:00 PM | LS: 1/1/2017 3:34:00 PM | LP: 1/1/2017 3:34:00 PM

MEDICAL EMERGENCY TEMPORARY DETENTION PETITION

General District Court [] Circuit Court
[] Juvenile and Domestic Relations District Court

Virginia: City of Richmond
Peter Patient, 123 ABC Street, Richmond, Va., 23222

Printed Name of Patient
Patient Date of Birth: 3-10-1962 Patient Social Security Number: 123 45 6789

I [name of physician] DAVID DOCTOR am a licensed physician in the Commonwealth of Virginia. I attempted to obtain consent of the above-named adult ("Patient") for treatment of the following physical or mental disorder: Automobile Accident trauma, likely internal bleeding, traumatic brain injury; Fracture to left ARM.

Patient is within the following designated hospital located in the City of Richmond: Bon Secours Richmond Community Hospital HCA Chippenham HCA Retreat Hunter Holmes McGuire V.A. VCU-MCV Medical Center Other: XYZ Hospital

I believe Patient incapable of making an informed decision, or incapable of communicating such a decision, about treatment of the foregoing disorder because of the following physical or mental disorder, acute alcohol intoxication, or because of an undiagnosed physical or mental disorder whose symptoms are

I understand that a person with dysphasia or other communications disorders who is mentally competent and able to communicate shall not be considered incapable of giving informed consent by law. This Patient is not such a person to the best of my knowledge.

The medical standard of care calls for the following testing, observation or treatment of the above-described physical or mental disorder within the next twenty-four (24) hours to prevent death or disability, or to treat an emergency medical condition that requires immediate action to avoid harm, injury, or death: see attached treatment plan // Imaging studies, external fixation of fracture, possible surgical intervention to address internal bleeding, and i.v. administration of medicines, anesthesia, etc.

(Check, complete, and attach only if applicable):
[] Patient does not desire testing, observation or treatment because of the following religious practices: see attached /
[] Family member objections are: see attached

DATE AND TIME PHYSICIAN'S SIGNATURE: Date: 1-1-2017 Time: 4:20 p.m.
David Doctor, MD / DO

[] Oral petition by the above-named physician, with oral consent refusal by the Court on (date) 1-1-2017 at (time) 4:03 am/pm.



INFORMATION ONLY

MEDICAL EMERGENCY ORDER

Virginia: City of Richmond General District Court Circuit Court Juvenile and Domestic Relations District Court

Patient: Peter Patient, 123 ABC St., Richmond, Va. 23222
Printed Name of Patient Printed Address of Patient

Patient Date of Birth: 3-10-1962 Patient Social Security Number: 123-456-789

Original Order Modified Order Termination of Order

Upon information and advice given to the undersigned judge or magistrate in writing orally by David Doctor, a licensed physician who states that he has attempted to

obtain consent of the above-named patient for treatment of the following physical injury or illness
Automobile accident trauma, lacerations internal bleed,

The physician having stated that:
1. The above-named patient is an adult who is within the judge's or magistrate's jurisdiction at 123 ABC St., Richmond, Va.
Name and Address of Facility

2. To the best of his knowledge, the above-named patient is incapable of giving informed consent to treatment of the above-described physical injury or illness because of:
 the following physical or mental condition acute ETOH intoxication
 an undiagnosed physical or mental condition whose symptoms are:

3. He understood that a person with dysphasia or other communications disorders who is mentally competent and able to communicate shall not be considered incapable of giving informed consent by law and this patient is not such a person to the best of his knowledge.

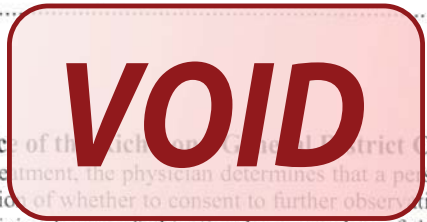
4. The medical standard of care calls for the following testing, observation or treatment of the above-described injury or illness within the next twenty-four (24) hours to prevent death or disability, or to treat an emergency medical condition that requires immediate action to avoid harm, injury or death: Imaging studies, surgical interventions for fracture repair and if necessary, to address internal bleed, i.v. administration of medcess, antibiotics etc

Check if applicable:
 the patient does not desire testing or treatment because of the following recognized religious practices:
 family member objections are:
and after considering these statements and taking into consideration all above-described recognized religious practices (if any) and family objections (if any)

I do not find probable cause to believe that the statutory requirements for the issuance of this order have been met.
 I find probable cause to believe the above statements and I authorize for a period not to exceed twenty-four (24) hours:
 temporary detention of the above-described patient by a hospital emergency room,
and
 testing, observation or treatment described above.
OR
 the following testing, observation or treatment

I order the termination of authorization previously ordered in this case based on information from....., namely

Date and Time:



WARNINGS AND NOTICES. If before completion of authorized testing, observation or treatment, the physician determines that a person subject to this order becomes capable of giving consent, the physician shall rely on the person's decision of whether to consent to further observation, testing or treatment. If before issuance of this order or during its period of effectiveness the physician learns of objection by a member of the person's immediate family to the testing, observation or treatment, he shall so notify the court or magistrate, who shall consider the objection in determining whether to issue, modify or terminate the order. A person with dysphasia or other communications disorder who is mentally competent and able to communicate shall not be considered incapable of giving informed consent.