MEDICAL EMERGENCY TEMPORARY DETENTION PETITION CASE NO	
	[]General District Court [] Circuit Court
Name of Patient	Address of Patient
I,	, a licensed physician, state that:
I attempted to obtain consent of the above-named patient	
The above-named patient is within the judge's or magistra	nte's jurisdiction at
To the best of my knowledge, the above-named patient is above-described physical injury or illness because of:	ldress of Facility
[] the following physical or mental condition	
[] an undiagnosed physical or mental condition whose sy	mptoms are:
I understand that a person with dysphasia or other communicate shall not be considered incapable of giving person to the best of my knowledge.	
The medical standard of care calls for the following testin or illness within the next twenty-four (24) hours to preven	
(Check and complete if applicable)	
[] the patient does not desire testing or treatment because	of the following recognized religious practices:
[] family member objections are:	
Date and Time	Physician's Signature
Oral petition by above-named physician, who agreed w	ith this transcription when it was read back to him.
 Date and Time	Physician's Signature