## Request for Involuntary Examination after Stabilization of Emergency Medical Condition

	owing individual					
initiated	has been evaluated or treated at					
					ergency medic	al condition.
(a)	The individual arrived at this hospital at:	am pm	on	, 20		
(b)	The attending physician documented that the	ne individual had an o	emergency medical c	ondition at:		
	am pm on	, 20				
(c)	The attending physician documented at	am p	om on	, 20		
	<ul><li>That the individual's medical condition</li><li>That an emergency medical condition of</li></ul>					
designat must be	spital is notifying					
Within 1	12 hours of the time noted in (c) above, the d	esignated receiving f	acility: (check one or	both boxes)		
	Shall perform the involuntary examinat	ion at this hospital, o	r			
	Shall, if it has available the appropriate	medical treatment, a	ccept transfer of the	individual.		
The not	ure and extent of this individual's current me	dical problems:				
	spital, pursuant to ss. 394.462 and 394.4685,	F.S. will provide or	secure transport of th	nis individual via		
1113 110.			secure transport of t			
with exp	pected time of arrival of: am	pm on	, 20	unless other me	thods of transp	ortation
have be	en arranged as specified:					
Signature of Administrator or Designee		Credentials	Date		Time	_ am pm
C	-					
Typed c	Typed or Printed Name		Name of Hospital			
This co or at th for inve	fers of individuals in a psychiatric em ompleted form must be given to the re the time of the transfer of the individual oluntary examination longer than a to on was declared by the attending phy	ceiving facility wi l with a copy retai tal of 72 hours plu	th the form initiat ned in the clinica	ing the involui record. The i	ntary examin individual sh	ation prior to all not be held