Dear .......................................................................................................................................

Address ..................................................................................................................................

..............................................................................................................................................................

Notification to principal care provider of proposed surgical operation

It is my opinion as an authorised medical officer of .................................................................
(name of mental health facility)

that it is desirable and in the best interests of .................................................................
(patient’s full name)

who is an involuntary patient (which includes a forensic or correctional patient) in the mental health
facility in accordance with the Mental Health Act 2007, to undergo a surgical operation

for ..............................................................................................................................................
(lay description of condition)

This operation or treatment is called ...................................................................................................
(medical name)

In accordance with the Mental Health Act, I am hereby notifying you that I propose to seek consent
to the surgical operation from the NSW Ministry of Health or the Mental Health Review Tribunal.

Important Information:

• If the patient’s designated carer agrees to the proposed surgery, the consent will be sought from
  the Ministry;

• If the designated carer does not agree, the consent will be sought from the Mental Health Review
  Tribunal and the Tribunal will conduct a hearing in relation to this application. You are able to
  attend this hearing if you wish.

If you wish to discuss this matter further please contact ...........................................................
(Name)

on .................................................................
(telephone number)

Yours faithfully

Print name ................................................................. Designation .............................................

Signature ................................................................. Date ........... / ........... / .........