

**MENTAL HEALTH FAX COVER SHEET**

TO OAKLAND COUNTY PROBATE COURT MENTAL HEALTH  
PHONE (248) 858-0291 FAX (248) 858-1578

HOSPITAL/FACILITY \_\_\_\_\_  
(where patient is located)

NUMBER OF PAGES \_\_\_\_\_

PATIENT'S NAME \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

TESTIFYING DOCTOR \_\_\_\_\_

OAKLAND COUNTY COMMUNITY MENTAL HEALTH PATIENT  
YES  NO

HOSPITAL TRANSPORT PATIENT  
YES  NO

COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_