

PROBATE COURT OF FRANKLIN COUNTY, OHIO

IN THE MATTER OF _____

CASE NO. _____

APPLICATION TO AUTHORIZE MEDICATION OR MEDICAL PROCEDURE

[R.C. 2101.24 and R.C 5122.271]

Pursuant to R.C. 5122.271 and/or R.C 2101.24 the undersigned has information to believe or has actual knowledge that _____ is in need of _____ and is _____ physically _____ mentally unable to receive information required to give fully informed, intelligent, and knowing consent to the following procedure: _____

As shown in Attachment A, the undersigned further states that said procedures are necessary to protect the general health and well-being of the above named person and asks that the Court authorize the above procedures.

The undersigned further states that this Court has jurisdiction to hear this matter pursuant to R.C. 5122.271 and/or R.C. 2101.24.

The undersigned further states that there is no guardian available to consent and attached is the opinion of the chief medical officer or attending physician and a concurring opinion by a licensed physician.

APPLICANT

CONCURRING OPINION

CASE NO. _____

3. Describe the specific treatment regimen, including a specific medication(s) you are seeking authority to implement.

4. The nature, degree, duration, and probability of side effects and/or significant risks.

CASE NO. _____

5. A reasonable alternative treatment and reasons why the proposed treatment is recommended.

APPLICANT (CHIEF CLINICAL OFFICER
IF APPLICATION IS FOR SURGERY) DATE

TREATING PHYSICIAN DATE