

FORM F

Termination of Community Order or Detoxification Order

[Subsection 11(7) or 12(6) of *The Youth Drug Detoxification and Stabilization Act*]

[Clause 7(f)]

CANADA
PROVINCE OF SASKATCHEWAN

I, the undersigned _____ ,
(name of physician)

a duly qualified medical practitioner, being the physician who issued the Community
Order or Detoxification Order of _____ , hereby terminate
(name of assessed youth)

_____ the Community Order issued pursuant to section 11 that is in effect on this
date on the following grounds:

_____ the Detoxification Order issued pursuant to section 12 that is in effect on
this date on the following grounds:

Date

Signature of physician

Copies to:

1. Assessed Youth
2. Official Representative
3. Approved Applicant