



Mental Health Review Board

#1270-605 Robson St.
Vancouver, BC V6B 5J3
Phone: 604-660-2325
Fax: 604-660-2403
www.bcmhrb.ca

PATIENT REQUEST TO WITHDRAW OR POSTPONE A REVIEW PANEL HEARING

PLEASE PRINT

Patient Name: _____

Name of Facility: _____

PLEASE SELECT ONE OPTION

- I want to **WITHDRAW** my application for a review panel hearing.
(This means that I do not want to proceed with a hearing. I understand that I can re-apply for a hearing by completing a new Form 7.)

OR

- I want to **POSTPONE** my scheduled review panel hearing.
(This means that I want to reschedule my hearing to a later date.)

X _____

Patient signature

Date

SEND TO:

BC Mental Health Review Board by:
Fax: (604) 660-2403; or
Email: MHRBscheduling@gov.bc.ca