

**FORM 18**

**ORDER FOR RETURN**  
**(Mental Health Act, R.S.N.B. 1973, c.M-10, s.24(2))**

To any peace officer or to any other person

Whereas \_\_\_\_\_ is an involuntary patient  
(Name of Patient)

and is absent from \_\_\_\_\_ without  
(Name of Psychiatric Facility)

authorization as of the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

And whereas the patient's absence without authorization became known to me on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

I hereby order you or any of you to return the patient to the said psychiatric facility and in the course of returning the patient you are authorized to take and detain the patient in a place of detention for a period not exceeding seventy-two hours.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Administrator

NOTE: This Order for Return is valid for fourteen days after the patient's absence became known to the administrator.