

**PROBATE COURT OF FRANKLIN COUNTY, OHIO
ROBERT G. MONTGOMERY, JUDGE**

IN RE:

Case No.: MI-_____

Respondent

CERTIFICATE OF EXAMINATION

TVBH-CC

Patient's Name

Patient's Address

2200 W. Broad St.

Age Sex Race

Columbus Franklin OH 43223

Date of birth Place of birth

City County State Zip Code

The undersigned certifies that he / she is a licensed _____, in the State of Ohio, and that the following are facts relating to the examination of the above named patient.

I further certify that I have, with care and diligence, personally observed and examined the named patient on the _____ day of _____, 20____.

That said patient was examined at _____, and as a result of such examination, I believe said patient is / is not in need of _____

as requested by _____ for reasons outlined below.

REMARKS: Please indicate the condition needing attention and the most desirable method of treatment:

Examiner's Signature

Printed Name Address