

ORDER FOR MEDICAL TREATMENT

To: _____ Address: _____

The Department of Health and Human Services (“the Department”) has reason to suspect that you are infected with a contagious disease, specifically _____ . By having this disease you pose a substantial threat to the health of the citizenry. It is essential that you undergo a medical treatment that will render you non-contagious. You have been requested to undergo medical treatment, but you have refused to do so. Consequently, the Department orders that you undergo medical treatment in accordance with RSA 141-C:15. The location where you are to undergo this medical treatment is _____ .

The treatment that you are required to undergo is _____

_____ (Attach additional sheets if necessary).

This order will be in effect until medical personnel have completed the medical treatment that you require.

If you fail to undergo the treatment recommended by your treatment providers, action will be taken as authorized under RSA 141-C:13,III to have you taken into custody by law enforcement officials and brought to the place where the treatment is to be provided.

If you object to this order you may request a hearing in the superior court in accordance with RSA 141-C:14-a. You may make this request by filling out the form attached to this order. Once you have completed the form the law enforcement official or other person who delivered this order or a representative of the Department will promptly deliver the form to the Superior Court. The court will then schedule a hearing to review this order.

Questions regarding this order may be directed to Jose Montero, MD at 603-271-4469.

I hereby certify that this order was served in-hand to the above-named individual on _____ at _____ a.m./p.m.

Signature of Commissioner’s Designee

Date