

**DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH
REQUEST TO TREAT WITH
ELECTROCONVULSIVE THERAPY (ECT)**

I, _____, MD, request that a hearing be held for
_____ (child), who would benefit from ECT as part of
his/her treatment.

It is my opinion this child is in need of the proposed ECT treatment for the following reason(s):

Physician Signature

Date