



8. We recommend the following alternative(s) to commitment: \_\_\_\_\_

\_\_\_\_\_

The reasons for this recommendation are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. We recommend continuation of the commitment as ordered on \_\_\_\_\_  
Date

for the following reasons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. We recommend termination of the current commitment as ordered on \_\_\_\_\_  
Date

for the following reasons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that I am a physician licensed in the state of Michigan. I declare that this report has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip Telephone no.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip Telephone no.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip Telephone no.