

Sample Medical Drug Disclosure

I am a participant in the Orange District Court Drug Court. I am required to submit to random screens for drugs and alcohol.

If you believe I should be prescribed a narcotic for my condition, please prescribe the least addictive drug available and prescribe it in the smallest quantity reasonable in the circumstances.

Please file this disclosure with my medical record and sign a copy for me to submit to my probation officer.

(Patient's printed name)

(Patient's Signature)

(Signature of Medical Provider)

(Date)

(Address)

(City/Town & State)

(Telephone)