



MORGAN COUNTY COMMUNITY CORRECTIONS & COURT SERVICES

Kim Thurston
Director

Tammy Jolley
Drug Court Coordinator

PHYSICIAN PRESCRIPTION FORM

NAME OF PARTICIPANT: _____

DATE: _____

To Any Physician or Other Medical or Health Care Provider:

I am currently a participant in the Morgan County Drug Court Program, in which I am receiving treatment for substance abuse. I am required to inform all medical care providers of my participation in the Program. It is requested that, to the extent possible, I not be prescribed narcotic or other addictive medications. Before I may accept a prescription from you for any medication, I must have you, as the treating physician, sign below that I have made you aware of my substance abuse treatment.

DIAGNOSIS: _____

CURRENT RX	DOSAGE	QUANTITY	REFILLS

Treating Physician: _____
Print Name

Treating Physician: _____
Signature

Telephone Number: _____
Phone Fax

302 Lee Street, 1st Floor Morgan County Courthouse
Decatur, Alabama 35601

PHONE # 256.351.4739

FAX # 256.560.6046