

MACOMB COUNTY VETERANS' TREATMENT COURT
MEDICAL/DENTAL/MEDICATION FORM

This notification is to inform you that:

is currently a Macomb County Veterans' Treatment Court (MCVTC) Participant and is in recovery from substance abuse and or addiction. The use of **ANY** mood altering chemical, and/or habit forming controlled substance could be detrimental to his/her recovery and health. **It is extremely important to use non-narcotic, non-mood-altering and non-habit forming medication whenever possible in this individual's medical care.** If a prescription of any kind is necessary, please provide the below information. If no prescription was written, please indicate below and sign to acknowledge receipt of this information.

Diagnosis/Treatment for: _____
(Please Print)

No prescription was written

The following prescription(s) are necessary:

Prescription: _____ Dosage: _____

Prescription: _____ Dosage: _____

Prescription: _____ Dosage: _____

Prescription: _____ Dosage: _____

Medical Office Name: _____

Phone Number: _____ Fax Number: _____

Physician Name: _____

(Date)

(Physician's Signature)

*This form is to be returned by the participant to the Coordinator.