I, ______, am a participant in the Windsor County DUI Treatment Docket. This is a court monitored recovery program for addicts. As a result, I am subject to frequent and random alcohol and drug testing. Therefore, I must report my visit with you today to the court and my probation officer. As I am in recovery, I respectfully request that you take this into consideration and offer non-narcotic medications, if possible, when drugs are necessary for my medical treatment.

Physician (Name) _____

Physician (Signature)

If you have any questions or concerns, please feel free to contact my court case manager @ _______. If the patient fails to present this form to the nurse and/or physician prior to receiving medication or a prescription for medication, please notify the court at (802) 295-8867.

Please list medications prescribed today: