

# Physician/Medical Provider Form

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**4<sup>TH</sup> JDC DRUG & ALCOHOL COURT**  
300 St. John Street  
Monroe, LA 71201  
(318) 361-2292 (phone)  
(318) 361-2256 (fax)

Quita Kidd-Benford, Case Manager  
(318) 812-5927

Toni Williams, Case Manager  
(318) 812-5926

Bob Hilton, DWI Case Manager  
(318) 388-4720

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**Patient Name (please print):** \_\_\_\_\_

**Physician/Medical Provider Name:** \_\_\_\_\_

**Name and address of Clinic or office:** \_\_\_\_\_

**Date and time of visit:** \_\_\_\_\_

This is to advise you that I am currently in recovery for a drug/alcohol addiction. My drugs of choice are:

\_\_\_\_\_

I am requesting that you consider my recovery status when prescribing any medications and, if medically appropriate, consider prescribing an alternative to narcotics or other medications easily abused. Please sign indicating receipt of this information, place a copy in my medical records and return this letter to me.

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**This section to be filled out by Physician/Medical Provider:**

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

Medications Prescribed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician/Medical Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Note:**

- 1) Client must have this form completed by their Physician/Medical Provider and provide this in person to their Case Manager, along with any prescriptions that have been prescribed, within 24 hours of Physician/Medical Provider visit.
- 2) If this is a new Physician/Medical Provider, then you must also submit a signed Consent to Release Medical Information.