



## Medical and Dental Medication Form

Medical Facility / Clinic \*  
Physician'S Name  
Street Address  
City  
State  
Telephone Number  
Fax Number

This Notification Is To Inform You That

Name Of Shelby County Veterans Participant  
Name Of Shelby County Veterans Participant

Is currently a Shelby County Veterans Court participant and is a recovering addict / alcoholic. As part of a structured, judicially supervised treatment program, the Veterans Court participants are frequently subjected to random drug testing. Therefore, all medications and treatment procedures should be prescribed with this information in mind.

Diagnosis / Treatment  
Prescription  
Please Specify Medication Type And Dosage

"The Small Expense Of Restoring An Individual To Health And Usefulness Is Returned Manifold."  
--- Dr. Charles H. Mayo

CAPTCHA Are you a Robot ?  
What code is in the image? \*

Enter the characters shown in the image.