

This form must be completed any time you receive medical treatment whether an emergency or routine care. Any medications administered or prescribed must be reported and approved regardless if it is a narcotic or not. This completed form along with proof of treatment must be submitted immediately to the DUI/Drug Court Office.

Cherokee County DUI/Drug Court

MEDICAL PROVIDER ADVISORY FORM

This letter is to inform you that _____ is an active participant in the Cherokee County DUI/Drug Court program. Please be aware of the following information prior to administering any medical procedures or providing medications:

1. The aforementioned client is under a contractual obligation with the Cherokee County DUI/Drug Court program to refrain from taking any medications that may comprise his or her sobriety. This includes but is not limited to narcotic pain medications, general anesthetics, and any medications that may produce a positive drug screen. Please make every effort to ensure that an alternative to these items is provided if possible.
2. Please make every effort to ensure that the aforementioned client receives all documentation pertaining to arrival, medical procedure/medications, and discharge.

Thank you for your time and thoughtful consideration in this matter. Please feel free to contact a program staff member with any questions or concerns.

Hospital/Clinic Name: _____

Doctor/Nurse Name: _____

Doctor/Nurse Signature: _____

Date/Time/Contact Number: _____

Court Contact Information: Cherokee County DUI/Drug Court
Angela D'Agata
(678) 493-6450
amdagata@cherokeega.com

*After hours or weekends please call (678) 602-8776