



# Richmond Adult Drug Treatment Court Program

CITY OF RICHMOND

CIRCUIT COURT FOR  
THE CITY OF RICHMOND

Dear Medical Professional:

I, \_\_\_\_\_ am a participant in the Richmond Adult Drug Treatment Court. I am required to submit to random screens for drugs and alcohol. Upon entering the program I agreed to discontinue the use of all mood-altering substances, whether illicit, prescribed, or over-the-counter. Such substances include, but are not limited to opiates, tranquilizers, sedatives, muscle relaxants, stimulants, benzodiazepines, alcohol-based products, amphetamines, or any substance that would interfere with my sobriety or the accuracy of a drug screen.

If you believe I should be prescribed a narcotic for my condition, please prescribe the least addictive drug available and prescribe it in the smallest quantity reasonable in the circumstances. Please file this disclosure with my medical record and sign a copy for me to submit to drug court staff. I have also agreed to present this letter to my medical provider verifying I have disclosed that I am currently in treatment for a substance use disorder, and will provide the name and contact number of the prescribing doctor.

The drug court staff appreciates your attentiveness to these restrictions as you provide medical treatment to me. If you have any questions, please contact me at the drug court office by telephone at (804) 646-3655, or by email at \_\_\_\_\_ to discuss any issues relating to this patient and treatment at the Adult Drug Court. Thank you again for your support in our efforts.

Sincerely,

\_\_\_\_\_  
Drug Court Staff Member

Signature of Medical Provider: \_\_\_\_\_

Phone: \_\_\_\_\_

Prescribed Medication: \_\_\_\_\_

Date: \_\_\_\_\_