

Fayette County DUI Court

1 Center Drive
Fayetteville, GA 30214
770-716-4328

Jason B. Thompson
State Court Judge

Notice to Medical Professionals

RE: _____

Dear Medical Professional,

The referenced patient is a Participant in the Fayette County DUI Court Program Admission to this program is based on a current diagnosis of Substance Abuse/or Dependence, as defined in the DSM-IV. Participants are required to inform all medical professionals, from whom they may receive treatment, of their involvement in DUI Court Treatment Program. Our protocol also requires Participants to disclose past drug and/or alcohol abuse patterns and provide documentation verifying this notice was provided to medical professionals.

We request our Participant's sensitivity to drugs and/or alcohol and their abuse be considered when you prescribe medications or injections in their treatment. We ask you to consider these additional factors:

1. Potential increased tolerance to pain killer medications, due to the Participants past drug and/or alcohol abuse;
2. Use of non-narcotic pain relievers;
3. Participant should provide pre-op information to the court from their doctor advising the procedure to be performed and recommended after-care;
4. Limiting the quantity of narcotic pain relievers prescribed to the minimum necessary;
5. Limiting the number of refills available (none); and
6. Recommending non medicinal coping strategies for anxiety/ sleep issues in lieu of prescribing Xanax, Valium, Ativan, Halcion, Deseryl, Ambien, etc.

While it is not the intent of our program to have our Participants needlessly suffer pain, we feel close communication between them and their medical provider is key component in their achievement of stabilized recovery. We appreciate your consideration and cooperation in this matter. Please contact me if you have any further questions.

Sincerely,

DUI Court Program Coordinator
770-716-4328
duicourtcoordinator@fayettcountyga.gov

I have read the above Notice to Medical Professionals. This letter was presented to me (Circle One): Before treatment was given After treatment was given

Physician's signature

Date