

# MCDC PRESCRIPTION MEDICATION NOTICE

MIDLAND COUNTY DRUG COURT  
JUDGE ELIZABETH N. RAINEY  
500 N. Loraine  
Midland, Texas 79701



To Whom It May Concern:

The person in your care is participating in the Midland County Drug Court program. The goal of the program is to help individuals achieve sobriety while maintaining accountability. As part of this process Participants are **NOT** allowed to take over-the-counter or prescription medications containing the following or any derivative thereof:

- Opiates:
  - Hydrocodone (Vicodin, Hycodan)
  - Morphine (MS Contin, Kadian)
  - Oxycodone (Oxycontin, Percocet)
  - Hydromorphone (Dilaudid)
  - Fentanyl (Duragesic)
  - Methadone
  - Meperidine (Demerol)
  - Tramadol
- Alcohol: found in NyQuil, night time cold or flu medication
- Amphetamines: such as those found in Adderall, Focalin, Ritalin, Strattera, Concerta
- Benzodiazepines:
  - Diazepam (Valium)
  - Alprazolam (Xanax)
  - Lorazepam (Ativan)
  - Temazepam (Restoril)
  - Clonazepam (Klonopin)
- Ephedrine (*also Pseudo Ephedrine*): found in Sudafed, DayQuil, day time cold or flu medication
- Dextromethorphan: found in most 'tussins', Robitussin DM, Robitussin CF, Corecidine

As such, *if they MUST* be prescribed one of the above types of medication (or a medication known to you to be of a similar type) **and** there *IS NO* alternative option, the Participant must obtain your signature on this form indicating they have:

- Informed their healthcare professional of their participation in the Midland County Drug Court
- Discussed treatment/medication options which DO NOT require the use of opiates, amphetamines, benzodiazepines, and other such medications as listed above.

**By signing below, you are indicating that notification was given and that an alternative medication/treatment option DOES NOT exist.**

Participant Name: \_\_\_\_\_ Select Court:  AFDC  TTC  DWI

Healthcare Professional PRINTED Name: \_\_\_\_\_ Date: \_\_\_\_\_

Healthcare Professional Signature: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Hospital/Practice Affiliation: \_\_\_\_\_

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

Duration of Prescription: \_\_\_\_\_

*If you have any questions regarding the Midland County Drug Court, please contact the court at 432-688-4512. Thank you for helping us toward our goal of reducing recidivism by breaking the chain and cycle of addiction.*