



DEPARTMENT OF THE AIR FORCE
162D FIGHTER WING (ANG) (AETC)
TUCSON, ARIZONA

MEMORANDUM FOR MEDICAL REVIEW OFFICER

FROM: _____

(Civilian Health Care Provider)

SUBJECT: Request for Medical Prescription Documentation

1. My patient: _____, is currently taking
Drug: _____
Amount Prescribed: _____
Date of Prescription: _____
Directions/Circumstances for use:

Providers Signature: _____ Date: _____

1st Ind, DRUG REDUCTION PROGRAM MANAGER

Medical Review Officer

1. I have reviewed the medical and dental records of: _____

a. ___ Individual **possesses** a current medical prescription(s) that accounts for the positive result.

Drug: _____ Amount Prescribed: _____
Directions/circumstances for use: _____
Date of prescription: _____

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Drug: _____ Amount Prescribed: _____
Directions/circumstances for use: _____
Date of prescription: _____

b. ___ Individual **does not possess** a valid medical prescription for the drug(s) detected. Medical record will be sequestered.

TERESA LANIER, Lt Col, AZANG, MC,
162^d MDG Medical Review Officer

1 Atch
Urinalysis Test Results from AFDTL