



WASHOE COUNTY
Department of Alternative Sentencing
1530 E. 6th Street
Reno, NV 89512
(775) 785-4112
(775) 327-8381



MEDICATION VERIFICATION LETTER

Dear Medical Provider,

The patient you have prescribed or are prescribing medication for is currently on probation with the Department of Alternative Sentencing. As a condition of his/her probation, he/she is not permitted to consume in any manner, any substance which contains a substance that would indicate a positive use of illegal drugs on a urinalysis test. We appreciate your cooperation in making available substitutions if possible.

Joe Ingraham, Chief

Probationer Full Name

Date of Birth

I have read and acknowledged the Medication Verification Letter and agree to cooperate with the request of the Department of Alternative Sentencing to make substitutions if possible. Signing this letter will protect my patient from the consequences of a probation violation in the event he/she should test positive for an illegal substance directly related to medication I have prescribed.

Signature of Medical Provider

Date of Signature

Printed Name/Credentials

Verification Telephone