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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I, (name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , am a medication-dependent person and am concerned about the possibility of not having my medication in the event of a major catastrophe. Therefore, I am requesting that you, Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, my physician, prescribe me sufficient additional \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to last at least one year. I promise to reserve this supply for use in the event medication is no longer commercially available, such as after a national disaster. I also promise to continue taking my medication on a regular basis and to follow-up for office visits and blood testing as often as you recommend. I understand that you cannot guarantee the safety or effectiveness of any medication beyond the expiration date printed on the bottle. I promise not to sell this medication, nor to share it with anyone else. I appreciate your willingness to help me and will do my part in maintaining a trusted doctor-patient relationship.Sincerely,(Patient name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Doctor: I have supplied the above patient with additional medication for the above purpose.

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| **Medication name & dose** | **Purpose** | **Quantity** |
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 (Physician name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |