

Memorandum

FROM: Drug Demand Reduction Coordinator
TO: Commanding Officer
VIA: Medical Review Officer

DATE: 21-DEC-2015

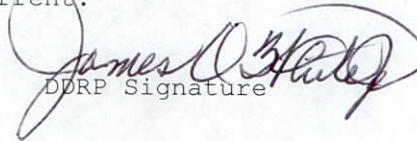
SUBJECT: VERIFICATION OF POSITIVE URINE DRUG TESTING

REF: MCO 5300.17

1. Request the medical records on the following individual be reviewed for evidence of prescribed drugs that could cause a positive test result(s):

EDIPI or SSN: 1239191947
COLLECT DATE: 20151123
UNIT RUC#: USMC28301
DRUG(s): OXCOD, OXMOR

2. Please indicate if the positive results(s) is due to legal prescription and if the prescription is current.


DDRP Signature

From: Medical Review Officer

On _____ (Date) I reviewed

_____ The AHLTA and CHCS database medication profile for the Marine listed above

_____ The Marine listed above medical/dental records

_____ Other records (please list: _____) pertaining to the Marine listed above.

And found:

_____ There **is no** indication of a prescription medication prescribed that could cause a positive test result(s)

_____ There **is** an indication of prescription medication prescribed that could cause a positive test result(s)

MRO Signature