

ANTABUSE (DISULFIRAM) MONITORING

Client: _____ Pharmacy Name: _____

Pharmacy Address: _____ Pharmacy Phone: _____

Probation Officer: _____ Month/Year: _____

The tablet is to be crushed and dissolved in water/juice and taken in the presence of a pharmacist or designated employee. **Probation requires that the client remain at the pharmacy for at least five minutes after taking the medication.**

ANY ALCOHOL MAY CAUSE SEVERE REACTIONS IF USED WHILE ON THIS MEDICATION

Signed by Client: _____ Date: _____

Day of Month	Time	Signature	Day of Month	Time	Signature
1			17		
2			18		
3			19		
4			20		
5			21		
6			22		
7			23		
8			24		
9			25		
10			26		
11			27		
12			28		
13			29		
14			30		
15			31		
16					

Pharmacist Notes:

RETURN TO:

- DISTRICT COURT PROBATION, 311 GRAND AVE, STE. 406, BELLINGHAM, WA 98225-**Fax 360-778-5451**
- TREATMENT AGENCY: _____