

Abstinence challenge.

I, _____, agree to not drink alcohol, use drugs, or take anyone else's medication for the next _____ days. I also will not provide drugs, alcohol, or prescription medications for anyone else during this time. In addition, I agree to not drive a motor vehicle while under the influence of drugs or alcohol, nor will I ride with a driver who has been drinking or using drugs.

I will come to my follow-up appointment with _____ on _____.

Signed, _____

Date: _____