

# DRUG ALERT INFORMATION

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| **Source** |  |
| **Job Title** |  |
| **Agency** |  |
| **E-mail Address** |  |
| **Contact Telephone Number** |  |
| **Date** |  |

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| **Information** |
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| **Symptom(s)** |
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| **Action** | **Alert/Information To** |
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**Please send to:** **Alcohol.DrugInfo@fife.gov.uk**