

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

## **Exhibit to Petition for Consent to Involuntary Administration of Psychiatric Medicines**

<b>ORDER<sup>1</sup></b>	<b>Generic Name</b>	<b>Brand Name</b>	<b>Current Uses</b>
	Alprazolam	Xanax	Anti-Anxiety
	Amitriptyline	Elavil	Anti-Depressant
	Amoxapine	Asendin	Anti-Depressant
	Amphetamine	Adderall	Stimulant
	Aripiprazole	Abilify	Anti-Psychotic
	Atenolol	Tenormin	Anti-Anxiety
	Bupropion	Wellbutrin	Anti-Depressant, Stimulant
	Buspirone	BuSpar	Anti-Anxiety
	Carbamazepine	Tegretol	Mood Stabilizer
	Chlordiazepoxide	Librium	Anti-Anxiety
	Chlorpromazine *	Thorazine	Anti-Psychotic
	Citalopram	Celexa	Anti-Depressant, -Anxiety
	Clomipramine	Anafranil	Anti-Obsessive, -Depressant
	Clonazepam	Klonopin	Panic, Anti-Anxiety
	Clorazepate	Tranxene	Anti-Anxiety
	Clozapine	Clozaril	Anti-Psychotic
	Desipramine	Norpramin	Anti-Depressant, Stimulant
	Dextroamphetamine	Dexedrine	Stimulant
	Diazepam *	Valium	Anti-Anxiety
	Divalproex Sodium	Depakote	Mood Stabilizer
	Doxepin	Sinequan	Anti-Depressant
	Fluoxetine	Prozac	Anti-Depressant, -Obsessive, -Anxiety
	Fluphenazine *	Prolixin	Anti-Psychotic
	Fluvoxamine	Luvox	Anti-Obsessive, -Depressant, -Anxiety
	Gabapentin	Neurontin	Mood Stabilizer
	Haloperidol *	Haldol	Anti-Psychotic
	Imipramine	Tofranil	Anti-Depressant, Panic
	Invega Sustenna *	Invega Sustenna	Anti-Psychotic
	Lamotrigine	Lamictal	Mood Stabilizer
	Lithium	Eskalith, Lithobid, Lithonate, Lithotabs	Mood Stabilizer
	Lorazepam *	Ativan	Anti-Anxiety
	Loxapine	Loxitane	Anti-Psychotic
	Mesoridazine	Serentil	Anti-Psychotic
	Methylphenidate	Ritalin	Stimulant
	Mirtazapine	Remeron	Anti-Depressant
	Molindone	Moban	Anti-Psychotic
	Nefazodone	Serzone	Anti-Depressant
	Nortriptyline	Pamelor	Anti-Depressant
	Olanzapine *	Zyprexa	Anti-Psychotic

<sup>1</sup> The order or ranking in which the medication will be given among all those for which consent is sought, with the first rank being the medicines that will be used first, the second rank being the first alternative, etc.

Psychiatric Medicine / Electroconvulsive Therapy Petition Exhibit

	Oxazepam	Serax	Anti-Anxiety
	Paroxetine	Paxil	Anti-Depressant, -Obsessive,
	Pemoline	Cylert	Stimulant
	Perphenazine	Trilafon	Anti-Psychotic
	Phenelzine	Nardil	Anti-Depressant
	Prazepam	Centrax	Anti-Anxiety
	Propranolol	Inderal	Beta Blocker
	Protriptyline	Vivactil	Anti-Depressant
	Quetiapine	Seroquel	Anti-Psychotic
	Risperidone (Consta*)	Risperdal	Anti-Psychotic
	Sertraline	Zoloft	Anti-Depressant, -Obsessive,-Anxiety
	Thioridazine	Mellaril	Anti-Psychotic
	Thiothixene	Navane	Anti-Psychotic
	Topiramate	Topamax	Mood Stabilizer
	Tranlycypromine	Parnate	Anti-Depressant
	Trazodone	Desyrel	Anti-Depressant
	Trifluoperazine	Stelazine	Anti-Psychotic
	Trimipramine	Surmontil	Anti-Depressant
	Valproic Acid	Depakene, Depakote	Mood Stabilizer
	Venlafaxine	Effexor	Anti-Depressant
	Ziprasidone *	Geodon	Anti-Psychotic

**Medicines identified with an asterisk (\*) are available by injection. Unless noted below, these medicines, when available by pill, will be offered in pill form before injection is required, unless the patient expressly consents to injection. EXPLAIN BELOW ANY OBJECTION TO OFFERING THE MEDICINES BY MOUTH FIRST.**

## Other Medicines / Notes<sup>2</sup>

**Petitioner signature:** \_\_\_\_\_

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**Petitioner Cell Phone / Pager:** \_\_\_\_\_

<sup>2</sup> **PRINT CLEARLY.**