Request for Courtesy Dosing

Please fill out completely and legibly Please include signed ROI and state photo ID

| Home Clinic Information | | | | | | | | | | |
|---|------------------|--------------|------------------------------------|---------------------|--------------------|----------------------------------|-----------|--|----------------|-----|
| TODAY"S DATE Click or tap to | Name of home OTP | | | | | | | | | |
| Address | | City, | | | | | State | | Zip | |
| OTP main phone number/Fax OT | | | OTP dispensary direct phone number | | | OTP Dispensary direct Fax number | | | | |
| TO (or, Receiving Clinic) | | | | | | | | | | |
| Name of Receiving Clinic | | | | | | | | | | |
| Address | | City, | | | | | State | | Zip | |
| OTP main phone number/Fax | OTP disp | pensary dire | ect phone num | ct phone number OTF | | | irect Fax | numb | er | |
| Dose Verified By | Title | | | | | | | | | |
| Patient Demographics | | | | | | | | | | |
| Patient Clinic ID Number First name | | | | | | | Last name | | Middle Initial | |
| Date of Birth | Sc | ocial Secu | rity number | | Gender: | | | If Female, pregnan] Other 🛛 Yes 🗌 No | | · - |
| Reason for Courtesy Dosing (i.e. vacation, work, request for permanent transfer, etc.): | | | | | | | | | | |
| Any relevant medical conditions/medications | | | | | | | | | | |
| Is patient on daily or random breathalyzer testing? 🗌 Yes 📄 No Frequency | | | | | | | | | | |
| Dosing Information | | | | | | | | | | |
| Dispensing START DATE Click or tap to enter a date. Dispensing END DATE Click or tap to enter a date. | | | | | | | | | | |
| Choose one Methadone Dosage Take-Home Doses Authorized? See Yes No Dosing Schedule | | | | | | | | | | |
| Special Instructions (i.e. other observed medications, split dosing, etc.) | | | | | | | | | | |
| Patient is informed of all fees and Patient Primary Insurance Choos If receiving clinic is contracted wit | | | | | Pt. Diagnosis code | | | | | |
| Staff person making transfer request (print name)] Medical Director or SAMHSA-approved prescribing delegate | | | | | | | | | | |
| Medical Order Written Click or | tap to e | enter a d | ate. | | | | | | | |