



Opioid Treatment Program – Guest Dosing Form

To be completed by the home clinic no later than 72 hours prior to initial guest dose.

Elmira OTP/Outpatient: 911 Stowell St, Elmira NY, 14901 **Phone:** 607-737-5215 Option 1

Referral Date: _____ Guest Dosing Dates: _____ to _____

Client Name: _____ DOB: _____ SSN: _____

Address: _____

Phone Number: _____ Consent signed and attached? Yes

Home Clinic: _____ Clinic Address: _____

OTP Contact/Counselor: _____ Clinic Phone #: _____

Reason for Guest Dosing: _____

Dosing Schedule/Number of Take-home Doses: _____

Methadone Dose: _____

Additional Information (e.g. behavioral concerns): _____

Please send the following documents with this form to: (f) 607-737-5219 OR (e): otpclinicaelmira@casa-trinity.org

- Active methadone order w/ Dr signature
- Substance use disorder diagnosis
- Description of clinical stability
- Current medication list
- Dosing history
- Most recent EKG and lab work
- Last toxicology result
- Signed Consent

Please note:

- Dosing hours are Monday-Saturday 6:30AM-10:30AM (Please arrive no later than 10:25AM)
- Bring a photo ID
- Cost for daily dose: \$10
- For emergencies or clinical questions, contact either Kelsei Schuster or Bailey O'Rourke at 607-737-5215 ext. 2220