



# Opioid Treatment Program – Elmira 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: \_\_\_\_\_

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Gender: \_\_\_\_\_

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
- Signed guest dosing agreement

- 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



### Guest Dosing Agreement

By signing this document, I agree that I have read, understand, have been given an opportunity to ask questions, and agree to follow the conditions listed below as a guest receiving methadone at CASA-Trinity. I was given a copy of these expectations.

1. I understand that if I am receiving any take-home doses, I must bring a lockbox to safely transport and store the medication.
2. I understand that dosing hours are Monday-Saturday from 6:30am to 10:30am and that I must arrive at the facility no later than 10:15am.
3. I understand that I must provide a photo ID for staff to verify my identity.
4. I agree to treat staff and other patients with respect.
5. I agree to be appropriate while at the clinic. This includes not participating in the following behaviors: committing crimes on CASA-Trinity ground, harassment or bullying, loitering, arriving under the influence of drugs or alcohol, exchanging or passing any items (money, drugs, cigarettes, etc.), or diverting medication.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date