



Physician Referral to Portland recovery Group LLC dba Grace House for Women

To Whom It May Concern:

This letter is to satisfy the Maine Behavioral Health Licensing Rule rule 43 10-144 CMR Ch. 123 and serve as a **physician referral and doctor's order** for

Client: _____ coming from (current location) _____

to attend treatment for substance use disorder at the **Grace House for Women in Portland, ME**.

Diagnoses:

Treatment provided:

Medications prescribed upon discharge (Please include strength, form (capsules, tablets, liquid, etc.), dose, route of administration (by mouth, sublingual, IM injection, etc.), and time:

Sincerely,

Physician/NP

(PRINT, SIGN and DATE)