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

Hello, please send this completed document to fax # 207-612-7415

The purpose of this form is to satisfy the Maine Behavioral Health Licensing Rule (10-144 CMR Ch. 123) and serve as **a physician referral** and **doctor's order** for

Client:_____coming from (your location) _____

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

Diagnoses:_____
Treatment provided:_____
Date of last exam: _____

Please list medications prescribed upon discharge only. Unless there is a different time needed for dosing, Grace House staff will adhere to our standard Medication Observation Administration times. For all Grace House programming those times are 7-8:30am, 12-1:30pm and 8-9:30pm.

*Please note the following facility defined timing of twice daily, three times daily, and four times daily. BID = AM and Bedtime, TID = AM, afternoon, and Bedtime, and QID (4x/day) = AM, Lunch, Dinner, and Bedtime. For PRN medications, the following applies: PRN medications identified as BID has a minimum of 8 hrs in between doses, TID has a minimum of 6 hours in between doses, and QID has a minimum of 4 hours in between doses.

ALL FIELDS MUST BE INCLUDED FOR A PATIENT TO RECEIVE THE MEDICATION*

Med Name/Strength	Form (caps/tabs/liquid)	Medication Instructions (Including route of administration)	Indication for Use

Sincerely,

_____

Physician/NP (PRINT, SIGN AND DATE) Date