

CompDrug, Inc.  
547 E. 11<sup>th</sup> Avenue  
Columbus, Ohio 43211  
(614) 224-4506  
(614) 291-0118 / Fax

6:00AM – 1:00PM M – F  
6:00AM – 8:30AM SAT  
CLOSED SUN

## GUEST DOSING REQUEST

### PATIENT INFORMATION

Name: \_\_\_\_\_  
(LAST) (M) (FIRST)

DOB: / / SSN; / /

Race: \_\_\_\_\_ Sex: Male or Female

### CLINIC INFORMATION

Name of Home Clinic: \_\_\_\_\_

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

Clinic Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Clinic Hours: M- F: \_\_\_\_\_  
Sat: \_\_\_\_\_  
Sun: \_\_\_\_\_  
Hol: \_\_\_\_\_

**(You must pay on Friday for Friday, Saturday & Sunday doses or if arriving on Saturday, you must pay on Saturday for Saturday & Sunday doses. Make sure you have the correct change.)**

### DOSE INFORMATION

Dates to be dosed: \_\_\_\_\_

**METHADONE DOSAGE:** \_\_\_\_\_ mgs per day

Dosage confirmed by: \_\_\_\_\_ **(Must be signed by Physician, R.N. or LPN.)**

### Per Medical Director: Patient can guest dose for a maximum of 14 days)

- NOTE:**
- Picture I.D. required
  - Cost: \$20 per day (Correct change, money order or credit card)
  - This form must be completed & returned prior to medication
  - Please notify this clinic if guest dosing services are cancelled
  - A release of information **MUST** accompany this request
  - **METAL LOCK BOX ON SATURDAY FOR SUNDAY TAKE HOME**  
**(BOX MUST BE ALL METAL WITH KEY OR COMBINATION LOCK)**
  - **NO TAKE HOMES GIVEN FOR GUEST DOSING EXCEPT FOR SUNDAY'S AND HOLIDAYS**
  - **WE WILL NOT GUEST DOSE ABOVE 200MGS OF METHADONE A DAY**

Signature of person completing this form: \_\_\_\_\_

#### For CompDrug Use Only:

Orders put in the computer by: \_\_\_\_\_

#### PROHIBITION ON REDISCLOSURE

THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS PROTECTED BY FEDERAL CONFIDENTIALITY RULES (42 CFR PART 2). THE FEDERAL RULES PROHIBIT YOU FROM MAKING ANY FURTHER DISCLOSURES OF THIS INFORMATION UNLESS FURTHER DISCLOSURE IS EXPRESSLY PERMITTED BY THE WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY (42 CFR PART 2). A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER INFORMATION IS NOT SUFFICIENT FOR THIS PURPOSE. THE FEDERAL RULES RESTRICT ANY USE OF THE INFORMATION TO CRIMINALLY INVESTIGATE OR PROSECUTE ANY ALCOHOL OR DRUG ABUSE CLIENT.

Patient ID #: (last 4 digits of SSN): \_\_\_\_\_