

**COMPDRUG, INC.
NURSES STATION**

547 E. 11TH Avenue
Columbus, Ohio 43211
(614) 224-4506
Fax #: (614) 291-0118

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

Date: _____

TRANSFER FROM ANOTHER CLINIC

Your clinic has contacted us to initiate a transfer of one of your patients to this clinic.
Please note the following information.

CompDrug Transfer Criteria:

1. Must be a member of your clinic for the last three months, negative toxicology screens for the last 90 days or last six drug screens, be in good financial standing and counseling compliant.
2. To begin the transfer process, a pre-admission urine must be given. This urine must be clean of the following substances;
 - (a) Amphetamines
 - (b) Sedatives, barbiturates or Benzodiazepines
 - (c) Cocaine
 - (d) Marijuana
 - (e) Opiates
3. The costs of these services are as follows:
 - (a) Guest dosing = \$20 per dose until transfer is completed
 - (b) Must have a financial payor source
4. Must have with him/her a current Driver's License with picture or State ID with a picture.

Please mail or fax the following data:

1. Signed release of information
2. Methadone order
3. Complete guest dosing request form

The decision regarding acceptance of this patient to our clinic will be made after the patient has met admission criteria and our physician has agreed to move ahead with the transfer.

Please Note: This is a process, not an event.

In the meantime, your patient will be medicated as a traveler, **under your physician's order**, until we verify pre-admission toxicology results, are able to schedule an intake and our physician reviews the data and accepts or declines admission of your patient.

Method of payment also should be addressed prior to arrival. Call the above number to arrange travel dosing.

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