



# SPECIALISTS

MEDICATION ASSISTED TREATMENT

11300 MAPLE BROOK DRIVE, LOUISVILLE, KY 40241

OFFICE: 502-253-0505

TO BYPASS PHONE QUE PRESS EX.105

WWW.SPECIALISTSKY.COM

**PLEASE FAX THIS FORM TO**

**502-253-0303**

## REFERRAL FORM FOR MEDICATION ASSISTED TREATMENT

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_  
Referring Provider: \_\_\_\_\_ Patient DOB: \_\_\_\_\_  
Referring Provider Phone: \_\_\_\_\_ Requesting: \_\_\_\_\_  
Referring Provider fax: \_\_\_\_\_ Referring NPI #: \_\_\_\_\_

## PLEASE SUBMIT THE FOLLOWING DOCUMENTATION WITH REFERRAL

- DEMOGRAPHIC SHEET
- COPY OF INSURANCE CARD
- MOST RECENT OFFICE NOTES CONTAINING MEDICAL PROBLEM LIST AND MEDICINES
- OFFICE RECORDS AND UDS RESULTS

REFERRING PROVIDER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

GUY M. LERNER, MD