



## METHADONE TRANSFER CHECKLIST

### PLEASE FAX INFORMATION TO

**FLACRA**  
ATT: Michelle Rohring, RN Sr. DON  
Fax 315-781-2773

Patient Name \_\_\_\_\_

### DEMOGRAPHIC INFORMATION NEEDED

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Description of Patient \_\_\_\_\_  
\_\_\_\_\_

### PROVIDE THE FOLLOWING IF RECENTLY COMPLETED

#### Copies of:

- Physician's Methadone Order
- Recent Lab Results
- TB Results
- Last 3 Toxicology Results
- EKG
- Present Take-Home Doses
- Verification of any other prescriptions (Benzodiazepines, Opioids, etc)
- Verification of 1-year opioid addiction (1 or more of the following)
  - Treatment of opiate addiction
  - Visible, old track marks
  - History of arrest for opioids
  - Medical Records indicating opioid addiction

### CLINIC ADDRESS & PHONE

**FLACRA**  
116 Lewis St.  
Geneva, NY 14456

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Clinic Fax	315-781-2773
Michelle Rohring	315-239-1741