NEW DIRECTIONS HEALTH CARE
306 West 11th St, 2nd Floor
Erie, PA 16501
Phone: (814) 240-6216 Fax: (814) 240-6219

GUEST DOSING INFORMATION

Patient's Name: _____

Patient's Address: _____

Patient's Phone Number: _____

Date of Birth: _____ Social Security Number: _____

Medical Insurance Carrier Name: _____

Medical Insurance ID#: _____

Gender: _____ Marital Status: _____ Race: _____

Height: _____ Weight: _____ Eye Color: _____

Hair Color: _____

Emergency Contact Name: _____Phone#: _____

Treatment Admission Date: _____

Was Client a Transfer to you: _____

If Yes: What was the Transfer date: _____

Current Methadone Dose: _____

Dates to be Dosed: _____

ALONG WITH THIS GUEST DOSING FORM PLEASE SEND THE FOLLOWING REQUIRED DOCUMENTS:

- PATIENT'S DRUG SCREENS and DOSAGE HISTORY FOR THE PAST 30 DAYS.
- SIGNED ORDER FROM THE DOCTOR.
  - NEEDS TO ALLOW A TAKE HOME FOR SUNDAY AND HOLIDAY.
- COPY OF ID & INSURANCE CARD

Referring Counselor: _____

Treatment Center Name: _____

Treatment Center Address: _____

Treatment Center Phone Number: _____ Fax Number: _____

Treatment Center Physician's Name: _____

Dosing Fees: $25 Intake Fee & $18 per day dosing Fee.

Dosing Hours:	**Clinic Closed on SUNDAYS and the following Holidays:**		
Mon.- Fri. - 5:30am-10:00am	• Memorial Day	• Labor Day	• Christmas
Sat. - 6:00am-9:00am	• 4th of July	• Thanksgiving	• New Years