

# Guest Dose Request

## Patient Information

First Name Last Name  
Date of Birth SSN  
Gender Race

## Clinic Information

Name of Home Clinic  
Address  
Phone Fax Email  
Clinic Hours: Mon - Fri Sat Sun Holidays

## Medication Information

Medication Dose mgs per day  
Dates to Receive Medication  
Dosage Confirmed by *Must be Physician, RN, or LPN*  
Is Patient Planning to Transfer?  
Signature

## Requirements

Per Medical Director: Patients can guest dose for a maximum of 14 days

- Picture ID required
- Cost: \$20 per day (*correct change, money, order or credit card*)
- Payment is required on day of service
- This form must be completed and returned prior to medication
- Please notify CompDrug if guest dosing services are canceled
- A Release of Information **MUST** accompany this request
- A lockbox is required on Saturday for Sunday & Holiday take-home medication
- Lock box must be ALL metal with key or combination lock
- No take-home medication is given for guest dosing with the exception of Sundays and holidays
- We will not guest dose above 200mgs of Methadone

## Transfer Criteria

- To begin the transfer process, a pre-admission urine must be given at CompDrug. The urine must be negative for sedatives (including benzodiazepines and alcohol) and barbiturates.
- The cost of the services are as follows:
  - Guest dosing = \$20 per dose until transfer is completed
  - Must have financial payor source, for example Medicaid
- Must have a current Driver's License with a picture or a State ID with a picture.

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### Please mail or fax the following information

1. Signed Release of Information
2. Documentation of Addiction
3. Methadone Order
4. History & Physical Exam (if within 90 days)
5. TB Test Results or Chest X-Ray (if within 90 days)
6. All Available Lab Results (if within 90 days)
7. Toxicology Results from the last 3 months
8. Completed Guest Dosing Form

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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.

In the meantime, your patient will be medicated as a guest doser, 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 should be addressed prior to arrival.

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#### Mailing Address:

CompDrug  
547 E. 11th Avenue  
Columbus, OH 43211

Phone: (614) 224-4506  
Fax: (614) 291-0118

#### Medication Hours:

Mon, Thurs, Fri	6am - 1pm
Tues & Wed	530am - 1pm
Saturday	6am - 9am
Sunday	Closed