

☐ No

Treatment Referral

FAX TO: 503-983-9899

Opioid Treatment Program (Dispensary)

Opioid Treatifie	itt Fogram (Dispensary)
Location:	1011 Commercial Street NE, Suite 110 Salem, Oregon 97301
Phone Number:	503-983-9900
Fax Number:	503-983-9899
Daily Dispensing of:	Methadone, buprenorphine (suboxone)
Key Components:	Daily dispensing of medications by nursing staff, scheduled and walk-in services available
Recommended for:	Patients who need daily contact or monitoring Patients with houselessness issues and/or minimal recovery supports
Services Offered:	Medication management Individual and group counseling Case management Peer support
Early Recovery Goals	: Medication stability Favorable urinalysis results Housing, employment, health care stability Relapse prevention and skill building
Please fill out th	is referral form, and fax it with ROI to 503-983-9899.
Patient Information	
Name	Gender: □ F □ M □ Other
Address	
Phone	
Referring party Inform	nation
Name	
Phone	Fax
Requested medicatio	n:
■ Methadone	Buprenorphine (suboxone)
that a taper will be pa	e is indicated/co-prescribed, has patient been informed art of their treatment plan at Great Circle?
☐ Yes ☐	l No known benzodiazepine use