

PRESCRIPTION INFORMATION

INSTRUCTIONS: This form is to be used by all RPP Participants who require prescription medications. The completed form MUST be mailed by the healthcare provider only, to the address below or faxed to (803) 896-5710. If you have any questions, call (803) 896-5700 or toll free 1-877-349-2094.

Please list all medications prescribed for your patient in the last year.

(Please Print) _____

PARTICIPANT NAME

Recovery Specialist

DATE OF PRESCRIPTION	TYPE OF MEDICATION	QUANTITY & DOSAGE PRESCRIBED/NUMBER OF REFILLS	REASON FOR MEDICATION

I have been informed that this patient is being monitored by RPP for Health professionals for (check one) Chemical Dependency Dual Diagnosis

Healthcare Provider Information:

Name: _____ Telephone: _____

Facility: _____

Address:

Healthcare Providers Signature

Date

440 Knox Abbott Dr., Suite 220, Cayce, South Carolina 29033
Telephone 803-896-5700 Toll Free 24hour helpline 1-877-349-2094
Fax (803) 896-5710