Please call patients within 24 hours of receiving initial referral

NEW YORK
STATE OF
OPPORTUNITY

To: 7168985988@fax.ny.gov

Company:

Fax: 7168985988

Phone:

From: donotreply@health.ny.gov

Fax:

Phone:

Email: donotreply@health.ny.gov

Notes:

Clinic Follow Up Information

Check page two (2) of this communication for appointment information

Below is secure health information regarding a New York MATTERS referral. The patient has selected a date for their first appointment at your clinic below. Any questions, please contact referrals@matternetwork.org.

Appointment is scheduled for [redacted] on 07/27/2022.
Please contact the patient ASAP to solidify an exact time of appointment.

Date of appointment located HERE!

COMPLETED BY PATIENT

Patient Name: test, test

Date of Birth: 02/05/1957

Gender: Female

Race: Asian

E-mail:

Phone: (716) 000-0000

Street Address:
test
test NY, 14215

What type of health insurance do you have? Medicaid

In the past month, have you used any of the following? Prescription Opioids that were NOT prescribed to you

Do you have any history of mental health issues? None

Do you have any of the following medical conditions? None

Have you ever undergone any of the following treatments for opioid dependence in the past? None

Select the location you are being referred from: Test Hospital

Would you like to be contacted by a peer in recovery for support? No

Do you need transportation assistance to your appointment? No

COMPLETED BY REFERRING PROFESSIONAL

If the patient received a bridge prescription, information will be listed HERE

Name of the prescribing provider (if appropriate):

Referral Setting: Outreach Initiative