



Physician Referral Form

This form is for referring physicians who feel their client will benefit from medically assisted treatment at BrookStone Medical Center. The following information stated below will be needed when transferring a patient from an outside clinic to our Outpatient Opioid Treatment Program. Please refer to this form when sending a patient referral to our clinic through our secure fax line.

Patient Information

Patients Name:

Patients DOB:

Patients Phone:

Patients Address:

Patients History of Use:

Patients History of Treatment/Date of Enrollment:

Is client receptive to Medically Assisted Treatment at BSMC?	Yes	/	No
Is client aware/expecting a phone call from BSMC?	Yes	/	No
Has client been discharged from referring clinic?	Yes	/	No

Please attach any tests, reports, diagnosis or notes that may be needed to transfer client and used in continuation of care. Address fax to Doctor Benjamin K. Brooks, MD at BrookStone Medical Center. Our fax number is listed below.

Office 435-628-1111 | Fax 435-652-9999 | Emergency 435-272-2297

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