



Wichita

Comprehensive Treatment Center
Opioid Use Disorder Programs

939 N Main
Wichita, KS 67203
Ph. 316-263-8807
Fax. 316-263-9681
www.ctwichita.com
www.acadiahealthcare.com

Medication for Opioid Use Disorder Warm Handoff Form
Ascension Via Christi and Wichita Comprehensive Treatment Center (WCTC)
Sponsored by Optum Health®

Date: _____

Patient First Name: _____ Last Name: _____

DOB: _____ Contact Phone Number: _____

Insurance Carrier (or write "none"): _____

Insurance Subscriber ID (if applicable): _____

Medication started in hospital (if applicable) and/or include Medication Records:

Medication:	
Dose Amt:	
Frequency:	
Date of last dose:	
Time of last dose:	
Next dose day/time:	

Day and time of last opioid use: _____ : _____ AM/PM

Type of opioid used: _____

Route of use: _____

Last known day/time used opioid: _____

Referring Doctor (print): _____

Signature: _____ Date: _____

* Signature indicates we have permission to share this information with Wichita CTC

Please return to:

Wichita Comprehensive Treatment Center

939 N Main St, Wichita, KS 67203

(316) 263-8807 – Clinic main

(316) 263-9681 – Fax

Admissions available for next business day Monday-Thursday 5AM-8AM (via appt or walk-in on first come first served basis)