



Referral Form –

Medication Treatment for Opioid Use Disorder (MOUD)

Patient Name:

Patient Date of Birth:

Reason for referral:

- Medication for opioid use disorder (buprenorphine)
- Other

Patient's Past Medical History:

Current Medications:

Current Diagnosis is:

- Opioid use disorder (F11.10)
- Opioid use disorder in remission (F11.21)
- Other

Prior treatment(s) received for Opioid Use Disorder:

Date of today's in-person evaluation:

Referring Physician Name

Signature

DEA Number of Referring Physician

NPI Number of Referring Physician

Referring Practice Address

Referring Practice Phone Number

- You may reference the referring practice to other QuickMD patients for referral purposes
- Please add the referring practice to the QuickMD list of friendly referral sites

Please return to: referrals@Quick.MD or fax to (888) 777-1921