

RIVER CITY PSYCHIATRY

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RE: _____

Dear Physician:

The above named patient has applied for Suboxone treatment for opioid dependence at our facility and is required to complete and document a screening medical history and physical exam in order to proceed with treatment. There are also specific lab studies required for patients to obtain. If you are able to provide this to the patient, please report your findings below.

Test	Result	Date
Hepatitis Panel		
CMP		
CBC		
HIV		
B-HCG (if applicable)		

Date Physical Exam Completed: _____

Pertinent Findings or Concerns about Proceeding with Treatment:

Recommendations (if any):

Signature: _____ Date: _____

Printed Name: _____