

Please send to: (Provider to circle clinic)					
Providence CODAC Secure email: edreferralpvd@codacinc.org Fax: 401-946-1550	VICTA Providence Fax: 401-300-5656	CTC Providence Fax: 401-461-9194	CTC Woonsocket Fax: 401-762-1609	ARI Warwick Fax: 401- 736-5299	ARI Pawtucket Fax: 401-723-9595
Newport CODAC Secure email: edreferralnpt@codacinc.org Fax: 401-846-9340	BHG Pawtucket: Fax: 401-727-1289	BHG Johnson: Fax: 401-256-5338	BHG Providence: Fax: 401-941-9797	BHG Westerly: Fax: 401-348-0265	BHG Middletown: Fax: 401-236-8853

Emergency Department Last Dose Letter

Brown University Health

To Whom It May Concern:

_____ was seen in the:

Rhode Island Hospital Emergency Department

Newport Hospital Emergency Department

The Miriam Hospital Emergency Department

They received a last dose of methadone (___mg) on ___/___/___.

Please don't hesitate to call with any questions,

Sincerely,

If you have any questions or need to verify methadone started in the Emergency Department at Brown University Health please call the Quality Nurse Team (8a-4p Mon-Fri):

Rhode Island Hospital: Phone:
401-444-6198

The Miriam Hospital: Phone:
401-444-3745

Newport Hospital:
Phone: 401-444-8821