

RETAIL NARCOTIC MISUSE REFERRAL FORM
MAINECARE PAIN MANAGEMENT PROGRAM

Patient Name: _____ **Pharmacy Name:** _____
MaineCare ID #: _____ **NPI # :** _____
NABP # : _____
Provider Name: _____

Reason for referral:

- Concerned by and/or unaware of narcotics dispensed at other pharmacies
- Patient requests to pay cash for Brand / Generic narcotics
- Frequent visits on weekends to fill prescriptions obtained from ER
- Frequent lost, stolen, or destroyed prescriptions
- Frequent requests for early refills
- Other – please explain (i.e. question of altered prescriptions, etc.)

- Have you discussed these issues with the patients? Yes No
- Have you discussed these issues with prescribing physician? Yes No
- Are you willing to be the designated pharmacy for this member? Yes No

Signature: _____ Date: _____

Please return to: Goold Health Systems
 P.O. Box 708
 Augusta, Maine 04332-0708
 Fax to: Goold Health Systems 430-4646
 If you have any questions please call Goold Health Systems:
 1-800-561-6707 or 207-622-1126 or TTY: 207-622-3210