



Medication Assisted Opioid Addiction Treatment Buprenorphine/Suboxone

Francis Corrigan, M.D., M.D., Amy Bell PA-C, Bradley Hicks, PA-C,
David Manning, PA-C, Travis Johnson, PA-C, Jessica Bustos, ANP-C

Call or Fax to desired location:

Pinehurst

285 Olmsted Blvd, Suite 1
Pinehurst, NC 28374
Phone: 910-295-7246
Fax: 910-222-3168

Raleigh

8001 Creedmoor Rd, Suite 107
Raleigh, NC 27613
Phone: 919-460-7246
Fax: 919-324-1766

Fayetteville

2911 Breezewood Ave, Suite 101
Fayetteville, NC 28303
Phone: 910-295-7246
Fax: 910-222-3168

Patient Name:

DOB:

Address:

Phone:

Insurance:

Diagnosis:

ID:

Medical History:

Opiate Dependence URGENT usually seen within 24 – 48 hours weekdays

Prior addiction treatment? Coexisting chronic pain? Pregnant?

Referring Provider Information:

Name:

Practice:

Address:

Phone:

Fax:

Email:

OFFICE USE ONLY

Appointment Date: _____ Scheduled Physician: _____

Medical History/Treatment Notes Received: Yes No Referring Provider Notified: Yes, Date: _____ No