

**Southern Tier Drug Treatment  
33 Mitchell Ave Ground Floor  
Binghamton, New York 13903**

**REQUIREMENTS FOR GUEST DOSING**

1. We require one weeks notice. Cases of emergency, (death, bad weather, etc.) will be dealt with on an individual basis.
2. We require cash, and the exact amount.. We do not have cash on hand. There is a n ATM at a stop and shop next door to us.
3. Guests can be medicated up to a two week period.
4. We reserve the right to ask for a urine drug screen at any time and refuse to medicate anyone that appears under the influence of any substance of abuse.
5. We require a picture ID.
6. Date patient started at your clinic.
7. Reason for guest dosing.
8. Please send your release to talk to us that patient has signed.
9. IF THE MEDICATION IS A BENZODIAZEPINE IT MUST BE PRESCRIBED BY A PSYCHIATRY OR NEUROLOGY PRACTITIONER. ANY EXCEPTION MUST BE APPROVED BY THE PROGRAM'S MEDICAL DIRECTOR.

**PLEASE NOTE OUR CLINIC HOURS AND PRICES BELOW**

**Prices- First day is \$46.04, this includes a State fee. Each dose after that is \$9.00**

**\*Clinic hours:**

M-F 7:30 A.M. - 11:00 A.M. SAT- 7:00 A.M. to 9:) A.M. Sunday- 7:00 A.M. to 9:00 A.M

COMMENTS: \_\_\_\_\_

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**Southern Tier Drug Abuse Treatment Center**  
**33 Mitchell Ave Ground Floor**  
**Binghamton, New York 13903**  
**607-762-2028-FAX 607-762-2800- PHONE**

Name\_\_\_\_\_

Address\_\_\_\_\_

Phone\_\_\_\_\_

SS#\_\_\_\_\_

D.O.B.\_\_\_\_\_

**Visitors Clinic**\_\_\_\_\_

Address\_\_\_\_\_

Phone\_\_\_\_\_

Contact Person\_\_\_\_\_

Dates to be here\_\_\_\_\_

Date back at own clinic\_\_\_\_\_

Dosage\_\_\_\_\_

Pickup Schedule\_\_\_\_\_

Urine drug Screens (last 3)\_\_\_\_\_

Medications\_\_\_\_\_

Is patient detoxing?\_\_\_\_\_

How long has patient been at your clinic?\_\_\_\_\_

Reason for guest dosing?\_\_\_\_\_