The Rochester Institute of Technology (RIT) Student Health Center (SHC) has established procedures to assist students in obtaining prescriptions for controlled medications to treat Attention Deficit Disorder. Select providers on the SHC staff meet with students to refill prescriptions based on a diagnosis and treatment plan established by the patient’s primary care physician or specialist at home.

FOR COMPLETION BY THE TREATING PROVIDER:
In completing this form, I, as the treating provider, also acknowledge an understanding that an Authorization Form must be completed and updated as needed or requested in order for SHC providers to continue to write prescriptions for controlled medications. SHC clinical staff follows Federal and New York State statutes and guidelines regarding the safe, ethical and legal prescribing of controlled medications.

The RIT SHC requires information about the diagnostic evaluation, treatment history and treatment plan. Please attach copies.

- DIAGNOSIS: ___________________________ DATE: ___________________________

- CURRENT TREATMENT: ___________________________

- DIAGNOSTIC EVALUATION / TESTING: _____________________________

- TREATMENT HISTORY: _____________________________

- TREATMENT PLAN: _____________________________

(For medication please include name, dose and timing)

REQUIRED: Please attach the diagnostic evaluation or psychoeducational assessment supporting the diagnosis and treatment history.

PROVIDER NAME: _____________________________
ADDRESS: _____________________________
PHONE NUMBER: ________________________ FAX NUMBER: ________________________

PROVIDER SIGNATURE: _____________________________ DATE: ________________________

RETURN COMPLETED FORMS ALONG WITH ADDITIONAL INFORMATION TO RIT STUDENT HEALTH CENTER BY FAX: 585 475-7788 OR MAIL.