

Rochester Institute of Technology

Student Health Center

117 Lomb Memorial Drive Rochester, NY 14623

Phone: 585-475-2255 Fax: 585-475-7788

Patient Name:

DOB:

Authorization to provide prescriptions for treatment of attention deficit disorder

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 Providers:

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.**