

Discharge Form



Client Name: _____

DISCHARGE FACILITY

Facility Name: _____

Facility Contact: _____

Phone: _____

First Injection Date: _____

Most Recent Injection Date: _____

A discharge plan can help you ensure that you have the necessary support for your next phase of treatment. Below you will find important contact information and dates of your next appointments to help with follow-on care.

INJECTION PROVIDER FOLLOW-ON-CARE

Facility Name: _____

Medical Provider Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Date of Next Appointment: _____

OUTPATIENT PROVIDER FOLLOW-ON-CARE

Facility Name: _____


Treatment Provider Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Scheduled Group Time/Date: _____


 **Helpful Hint:** Set a reminder on your phone by adding this appointment to your calendar.

SPECIALTY PHARMACY INFORMATION

Specialty Pharmacy: _____

Phone: _____


Call By Date: _____

 **Helpful Hint:** You may want to add this information to your phone contacts.

VIVITROL2GETHERSM CONTACT INFORMATION

Vivitrol2gether Transition Coordinator: _____

Phone: _____

 **Helpful Hint:** Be on the lookout for this number and consider adding it to your contacts.

Tips for Follow-On Care

- ✓ Confirm your appointment with your follow-on care injection provider.
- ✓ Be sure the Specialty Pharmacy has the updated shipping information.
- ✓ Prior to shipping your VIVITROL, the Specialty Pharmacy **MUST** speak to you by phone to confirm your prescription.
- ✓ If you miss the Specialty Pharmacy's call, be sure to call them back or you may not be able to receive your VIVITROL injection.
- ✓ Remember, you may need to speak with the Specialty Pharmacy **EACH MONTH** to fill your prescription.

➔ **To reach a Vivitrol2gether Nurse Coordinator, call 1-800-VIVITROL (1-800-848-4876) Monday–Friday, 9am–8pm (EST)**

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