

## De Novo Treatment Centre

## **Medical Clearance Certificate**

Please complete this form and return to De Novo Treatment Centre by fax, or email: 705-788-2607 admissions@denovo.ca

Client Name		DOB:		
M. Liecki				
Medication that should withdrawal medications	be continued during treatme	ent (please do r	ot include tem	porary/
Medication:	Prescribed for (anxiety	, sleep etc.):	Dosage:	Frequency:
Is this individual:  - Able to use nico	tine patches, gum, etc., for toms of cold/flu or travelled	smoking cessat	ion? yes □ no	
- Exhibiting symp	torns or cold/lid or travelled	butside of Caria	ada recentiy? y	res ⊔ no ⊔
** Methadone and Sul	boxone scripts must be prov	ided to our loca	ıl pharmacy. (S	uboxone, 35-
day supply in blister p	boxone scripts must be prov backs and Methadone, seven RN mood altering medication	-day supply del	ivered each we	ek to the care
day supply in blister p of De Novo). PF	acks and Methadone, seven RN mood altering medication	-day supply del is reviewed on	ivered each we an individual b	ek to the care pasis. **
day supply in blister p of De Novo). PF	acks and Methadone, seven	-day supply del is reviewed on	ivered each we an individual b	ek to the care pasis. **
day supply in blister p of De Novo). PF <u>ALL MEDI</u>	acks and Methadone, seven RN mood altering medication	-day supply del is reviewed on	ivered each we an individual b	ek to the care pasis. **
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day supply in blister p of De Novo). PF ALL MEDI Physician/ Nurse Prac	cacks and Methadone, seven RN mood altering medication CATION MUST BE IN BLIS	-day supply del is reviewed on TER PACK & Son:  Phone:	ivered each we an individual b	ek to the care pasis. ** LY
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day supply in blister pof De Novo). Professional Nurse Praces Name:  Address:  The above named, perposition possible substance use disorder.	cacks and Methadone, seven RN mood altering medication CATION MUST BE IN BLIST titioner Contact Informations are seen assessed to of full participation in a	day supply delis reviewed on  TER PACK & Section 1.  Phone: Fax:  by me, on this 35-day reside	ivered each we an individual base individual b	ek to the care pasis. **  LY  medically and
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Phone: (705) 787-0247 Fax: (705) 788-2607 Toll Free: 1-800-9-DE NOVO/1-800-933-6686
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