

# Traveling soon? Tell your counselor!

You may be eligible to  
courtesy or guest dose  
at another clinic.



## If your request is approved, keep in mind:

- A minimum of 7 days notice is required to set up courtesy dosing. Emergencies will be addressed on a case-by-case basis. Please provide as much information as possible regarding your travel plans when you speak to CMS staff.
- If there are any changes after the courtesy dose request has been sent, this will affect your ability to courtesy dose.
- Write down the name, address, and dosing hours of the courtesy dose clinic to be on time; arrive at the courtesy dose clinic while your home clinic is still open; the nurse must be able to call to confirm your dose.
- Be prepared with your ID and a lockbox for any take-homes (lockbox requirements vary by state and clinic).
- After you return from courtesy dosing, expect to have a nurse at your home clinic call and verify that you received your dose.
- Bring any receipt of payment from the other clinic if there was a fee.
- If the nurse is unable to verify you received your courtesy dose, it may affect your dose for the current day.
- If the nurse is unable to verify you received your courtesy dose, or if your guest dosing dates change, that may affect your dose for the current day.

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**Please be patient while courtesy dosing! It may take  
time for the nurse to verify all necessary information.**

# Courtesy Dosing Guide

Date of Courtesy Dosing: \_\_\_\_\_ through \_\_\_\_\_

Courtesy Dosing Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

## Dosing/Clinic Hours

Dosing Hours, M-F: \_\_\_\_\_ through \_\_\_\_\_

Dosing Hours, M-F: \_\_\_\_\_ through \_\_\_\_\_

Dosing Hours, M-F: \_\_\_\_\_ through \_\_\_\_\_

Time Zone Difference: \_\_\_\_\_

## Payment Information

Forms of Payment Accepted: \_\_\_\_\_

Set-up Fee: \$ \_\_\_\_\_

Daily Fee: \$ \_\_\_\_\_

Total Fees: \$ \_\_\_\_\_

## Requirements

Identification: \_\_\_\_\_

Lock Box: \_\_\_\_\_

Verification of Dose: \_\_\_\_\_