<Maintaining physician’s name and address>

**Re: Letter of support regarding opioid agonist treatment (OAT) maintenance for <patient’s name>**

Dr. <maintaining physician’s last name>,

Thank you for agreeing to take on the medical care for <patient’s name, PHN>, who is receiving <name of medication> as part of his/her treatment for opioid use disorder.

An information checklist is enclosed with this letter for your ease of reference. It goes over key patient management considerations and offers guidance on when to contact me. My contact information is:

Phone number (Monday – Friday, <Hours>):

Fax number:

After hours (evenings and weekends):

If I am unavailable, please contact <delegate physician> at <delegate physician’s contact information>.

I have provided the College of Physicians & Surgeons of Alberta (CPSA) with a copy of this letter, confirming you will be maintaining this patient’s OAT, under supervision by myself or my delegate. Upon receipt of this information, the CPSA will provide you with an approval letter to maintain <patient’s name>’s treatment.

Thank you,

<Initiating physician’s name>

CC: Opioid Agonist Treatment Program, College of Physicians & Surgeons of Alberta

Enclosure: Information checklist for maintaining OAT