

The Illinois Professionals Health Program Prescription Confirmation Form*

The Illinois Professionals Health Program (IPHP) is a statewide program sponsored by Advocate Medical Group, the Illinois State Medical Inter-Insurance Exchange, and other health professional organizations. IPHP provides support and advocacy for health care professionals who have difficulties with stress management, substance abuse, medical or psychiatric illness or other issues that may impact the professional's health, wellbeing, or ability to practice his or her profession. Please complete the following to allow IPHP to document your patient's compliance with her/his recovery program:

I have prescribed the following for _____
(*please print patient's name*)

Medication _____ Dosage _____

Amount Rxed _____ Refills _____ Date _____

Condition being treated _____
* * *

Medication _____ Dosage _____

Amount Rxed _____ Refills _____ Date _____

Condition being treated _____

Prescribing Clinician (*please print*) _____

Signature: _____ MD/DO/DPM/DDS/DMD/APN

Telephone Number _____

Please forward a copy of this form to IPHP

by *Fax* at (847) 795-2847
or by mail at: Illinois Professionals Health Program
701 Lee Street, Suite 100
Des Plaines, IL 60016

*Alternative forms of prescription verification also include a copy of the original prescription or a copy of the medical record indicating medication(s) prescribed.