



MACS SIGN UP FORM

Please complete a separate form for each interested prescriber

Form with fields for Today's Date, Prescriber Name, Primary Practice Address, Phone, Fax, Email, Best way to contact me, Primary Practice Name, Type of Practice, Prescriber Type, Type of Specialty, How did you hear about MACS, Do you have your Buprenorphine Waiver?, Have you ever had formal addiction training in addition to your buprenorphine waiver training?, If yes: How many patients are you waived to treat?, How many patients are you currently treating with buprenorphine?

MACS is a grant-funded program sponsored by the Maryland Department of Health. Therefore, the names of participating providers as well as information collected by MACS may be shared with state officials as requested. MACS provides de-identified, "curbside" consultations for providers about their patients and does not assume liability for any direct patient care. Prescribers who sign up for MACS will be informed about upcoming training opportunities.

Please send forms to: MACS, 737 W. Lombard Street 4th Floor, Baltimore, MD 21201; (Fax): 1-855-337-6227

For internal use: Entered on (MM/DD/YYYY) by (Initials) ; Checked on (MM/DD/YYYY) by (Initials)

MACS Provider ID: [ ]