

# **Mental Health America of Northern Kentucky** **Community Referral Prescription Pad Mail Order Form**

**Product Description:** This is a prescription pad (50 sheets per pad) that lists the primary mental health and substance abuse referral sources for Hamilton County and Northern Kentucky. Physician other professional offices love the ease they provide them in making referrals. Research tells us that utilizing a combination of treatments is the most beneficial to recovery.

## **Mail order to:**

Mental Health America of Northern Kentucky

513 Madison Ave., Suite 3

Covington, KY 41011

Phone: 859-431-1077 or Fax: 859-292-2485 or Email: mhanky@mhanky.org

## **Customer Information**

Company \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address 1

\_\_\_\_\_  
Address 2

\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

## **Order Information**

Please Check Box for Referral Pad Type and Quantity

Youth     Youth (Grant Cnty.)     Adult     Senior

1 Pad

5 Pads

Other – \_\_\_\_\_