



STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
A Healthcare Service Agency

DANNEL P. MALLOY
GOVERNOR

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COMMISSIONER

Methadone Take-Home Bottles
Chain-Of-Custody Record

Today's Date:

Name of Program Delivering Methadone:

Initials of Client: ID Number:

Reason for Chain of Custody:

Client's Daily Dosage:

Number of doses/bottles being delivered:

Date(s) of Delivery:

Additional Comments:

Signature of individual delivering take-home bottle(s) Date

Name of Program/Individual Receiving Methadone:

Relation to client:

Date Methadone delivered and received:

Signature of individual receiving take-home bottle(s) Date