



**WEBSTER PLACE RECOVERY CENTER**

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Franklin, NH 03235  
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Phone (603) 934-2020  
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**Webster Place Recovery Center  
Physicians Waiver**

This is to certify that I have examined \_\_\_\_\_ on \_\_\_\_\_ and find him/her to be free of communicable diseases and not in need of nursing care. There are no overt withdrawal symptoms present during this examination that require hospitalization. He/She is mentally competent, not suicidal and is oriented to person, place, and time, ambulatory and capable of full self care. I certify that the enclosed information is accurate.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

**\* PLEASE INCLUDE MEDICAL RECORDS AND FULL LIST OF CURRENT PERSCRIPTIONS**

**Medication Rx Checklist**

**Name:**

Medication Name	Medication Purpose	Dosage	Date Filled	# Refills Remaining

*Please Note:*

*Involvement of residents Primary Care Physician is a vital piece of the getting well process. Preapproval by a residents PCP provides our program with a qualified opinion that the resident is capable of physical and mental participation in all aspects of our program.*

*Webster Place does not provide medical treatment or detoxification and should not be viewed as a substitute for those services. If required, detoxification, medical care and psychological/psychiatric services are available through a network of qualified community providers at additional cost to the resident.*

*Applicants on addictive drugs or drugs with high incidents of abuse (schedule I and II) will be excluded from consideration for registration. In addition, individuals with a documented history of sexual assault and/or arson are also excluded from program participation. Residents will be responsible for securing and self administering medications.*

*We welcome your questions and concerns; please call (603) 934-2020 to speak with one of our staff.*