



Grace Street Services LLC
494 Forrest Ave
Portland ME 04101

Portland Office
(207) 245-1800

DATE

PROVIDER

To Whom it May Concern:

Please accept this letter as verification of treatment for _____, DOB _____. _____ began treatment at Grace Street Services on _____ and is currently engaged in our intensive outpatient substance abuse program. Our intensive outpatient program requires attending group five days per week for three hours per day. _____ also meets with his/her physician at least once per month, is currently prescribed ___ mgs of suboxone daily and completes urine drug tests weekly.

If you require additional information, please contact us at the above number. Thank you for your time and consideration.

Sincerely,

STAFF NAME

JOB TITLE