

**Psychotropic Medication Request  
Fax Cover Sheet**

Date: \_\_\_\_\_

Total Pages: \_\_\_\_\_

**To: DCFS Consent Unit/UIC Research Team: Fax (312) 814-7015 (24-hour fax)**

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Contact Person Affiliation/Position

\_\_\_\_\_  
Contact Person Phone Number

\_\_\_\_\_  
Extension

\_\_\_\_\_  
Facility Name: (Hospital/Residential Center/DOC/JJ)

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Facility Address

\_\_\_\_\_  
From: Agency Name

\_\_\_\_\_  
Agency Phone Number

\_\_\_\_\_  
Agency Fax: Number

\_\_\_\_\_  
Doctor

\_\_\_\_\_  
Doctor Phone Number

\_\_\_\_\_  
Doctor Fax: Number

\_\_\_\_\_  
Doctor Address

Region:

☐ Northern

☐ Central

☐ Southern

☐ Cook

Notes/Comments:

**Tanya McGhee, Consent Unit Supervisor – 312-793-6127**  
**Eraina Ross, UIC Supervisor – 312-793-2981**  
**Consent Hotline – 800-828-2179**  
**After Hours (ERC) –773-538-8800**

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