



## • How to use the NAABT Patient/Physician Matching System •

**www.naabt.org**



**Get Started**

**Returning Physician Sign-In**

Email Address: name@email.com  
 Password: \*\*\*\*\*  
 Sign In

**Sign In**

### Log In

Use your email address and password.

Your Home Page will be displayed with the number of patients willing to travel to each office location.

There you have the opportunity to add, remove or edit office locations.

Click the "View Patients" button to see the current list of patients.

### • PHYSICIAN HOME PAGE •

**Patient / Physician Matching System : Physician Home**

LATEST MESSAGE FROM NAABT (0 UNREAD MESSAGES)

Test message to physicians using the add physician message form in the admin section of the NAABT website.

**My Settings:**  
 Logout | Update my account information  
 Messages from NAABT: 3 Total Messages, 0 Unread Messages  
 Frequently Asked Questions (FAQ)  
 Update Default Message (to patients)  
 View Sent Messages (to patients)  
 Receive Alert E-mails (when new patients sign up in your area): [checkbox] Select area to change to: No.  
 Send me a test alert message  
 Cancel my account

**My Practice Locations: (Add a location)**

Test city, PA 14226 800-486-8850 (800) (tempus)	2 Patient(s) are willing to travel to this location	<a href="#">View Patients</a>
411 east highway Test city, PA 14226 800-486-8850 (800) (tempus)	3 Patient(s) are willing to travel to this location	<a href="#">View Patients</a>

**View Patients**

### Review and Select Patients

Simply click "Select" for patients you would like to contact.

**Select Patients to Email**

Instructions: Select patients to email

	Patient: 1041266 Registered: 04/25/2009 Last Renewed: 04/25/2009 Times Renewed: 0 Seeing Counselor: No Ability to Pay: Yes Employed: Yes Statement to Physician: United Healthcare, interested in maintenance. Currently seeking out help bc I am ready to take the steps to better my life bc I have a great job and great friends that I am risking losing every day I use.	How Long Addicted: 2 years VA Benefit Eligible: No Family History of Addiction: Yes Types of Treatments Tried: Buprenorphine Types of Opioids: Heroin Other Medications: None stated.
<b>SELECT</b>	This patient is 6 miles from your practice location (06032).	5 other physicians have already sent an e-mail to this patient.
<b>HIDE</b>		
	Patient: 1041525 Registered: 04/20/2009 Last Renewed: 04/30/2009 Times Renewed: 0 Seeing Counselor: No Ability to Pay: Yes Employed: No Statement to Physician: im 57' weigh 135 I have sage insurance im puerto rican... Also I really need help please someone help me I tired of this please help me.	How Long Addicted: 3 years VA Benefit Eligible: No Family History of Addiction: Yes Types of Treatments Tried: Rehab Facility Types of Opioids: Heroin Other Medications: none
<b>SELECT</b>	This patient is 7 miles from your practice location (06032).	1 other physicians have already sent an e-mail to this patient.
<b>HIDE</b>		

### Email selected patients

Once you have selected patients, click:

#### Email Selected Patients Now

The last step is to send your selected patients the contact email.

You also have the option of saving your own outgoing email as the default.

**Patient / Physician Matching System : Selected Patients**

The selected patient has been added to your email list. Select one of the list options below to continue.

Currently Selected Patients to be Emailed:

Patient ID	Age	Sex	Ability to Pay	Employed	Family History	VA Benefit Eligible	Remove
1041266	27	Female	Yes	Yes	Yes	No	Remove
1041525	21	Male	Yes	No	Yes	No	Remove

**Email Selected Patients Now** | **Select More Patients**

### Send

**Email Patients**

Instructions: Edit Message and/or Click "Send"

**Email to Selected Patients:**

From: Dr. Doctor Demo  
 411 east highway  
 Farmington, CT 06032  
 800-474-2448

Subject: Contact from Doctor (NAABT.org)

Date: 10/05/2009

To: 1041266,1041525

(500 Character Limit)  
 You may review and/or add to this outgoing email.  
 (Hello, I received your application on naabt.org and would like to speak with you about your treatment. Please call my office to further discuss your treatment and mention that you received this email through NAABT.org.)

For more info see: www.naabt.org and this sheet before coming to the appointment: http://www.naabt.org/documents/NAABT\_PrecGW.pdf

600 Characters Left

Save as default message to patients.

**Send** | **Cancel**

The intent of this site is to efficiently connect patients in need of treatment for opioid dependence with an Office-Based Treatment Provider, certified to prescribe Buprenorphine. It is unlawful to use this site to solicit for anything other than stated. Example: it is inconsistent with the terms to use this site to solicit for "rapid detox", "inpatient rehab", or any other treatment that is not considered Office-Based Opioid Dependence Treatment with Buprenorphine; and such treatment must be consistent with the physician training established to obtain the DEA waiver to prescribe Schedule III medications for opioid dependence in an office-based setting according to DATA2000. If you do not have an "X" number from the DEA, you are not authorized to use this patient database.



The National Alliance of Advocates for Buprenorphine Treatment  
 naabt.org

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