PT No: ……

Tasmanian Government

CONFIDENTIAL

NOTICE OF TERMINATION OF AUTHORITY TO PRESCRIBE OPIOID SUBSTANCE USE DISORDER TREATMENT

DETAILS MUST BE COMPLETED ***LEGIBLY*** TO PREVENT DELAY
TICK DATA AS APPROPRIATE. PLEASE USE BLOCK LETTERS

I, Dr

of:
(ADDRESS OF MEDICAL PRACTITIONER)
Postcode:

Telephone number: ( ) Fax number: ( )

Notify I am no longer prescribing methadone/buprenorphine/Suboxone® to:

PATIENT'S NAME: **AKA**

Patient's Address:
(Full **Residential** Address)
Postcode:

Date of Birth: / / Sex: ☐ Male ☐ Female ☐ Other

Number of weeks on program:

Date of last dose dispensed: / /

Name of pharmacy where patient has been administrated methadone/buprenorphine/Suboxone® doses:

☐ Left by mutual agreement
☐ Left against advice of treatment team
☐ Requested to leave
☐ Ceased to pick up treatment
☐ Imprisonment
☐ Other - please specify: ……..

☐ Deceased - date of death ……
☐ Transfer - interstate Dr ……..
☐ Transfer - intrastate: Dr ……
☐ Hospitalised
☐ Completed Program

Signature of medical practitioner: Date: / /

All correspondence to be marked "Confidential" and sent to:
Chief Pharmacist, Pharmaceutical Services Branch, Department of Health, GPO BOX 125, Hobart TAS 7001

For further information: Tel: (03) 6166 0400, Fax: (03) 6173 0820, Email: pharmserv@health.tas.gov.au