

# MEDICATION ADMINISTRATION CHART

## Methadone Liquid – Biodone Forte (5mg/mL)

Please complete fields below or affix pharmacy label

Please complete fields below or affix patient label

<b>Pharmacy:</b> _____ <b>Address:</b> _____ <b>Phone:</b> _____ <b>Fax:</b> _____	<b>Family Name:</b> _____ <b>Given Name(s):</b> _____ <b>Patient ID:</b> _____ <b>Date of Birth</b> _____ <b>Gender:</b> _____
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<b>Month:</b>		<b>Year:</b>		<b>TAD/week:</b>		<b>Doctor:</b>	
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Date	Day	Daily Dose (mg)	Daily Vol (mL)	Dose type (R/TAD)	Weekly TAD No.	Pharm Initial	Paid	Notes/Rx Expiry	Time	Client's Signature
1 <sup>st</sup>										
2 <sup>nd</sup>										
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30 <sup>th</sup>										
31 <sup>st</sup>										

### END OF MONTH SUMMARY (for payment)

**Patient status (please tick):**   ☐ Ongoing patient   ☐ New patient   ☐ Ceased dosing

Total no. Bupe. Doses:	Last daily dose of month:	Total no. TAD:	Total no. missed doses:	Pharmacist signature:
	<b>mg</b>			